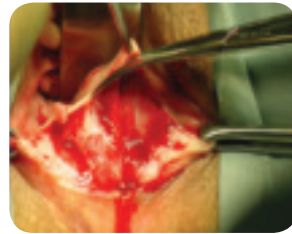




**STEP 1 —
POSTERIOR VAGINAL WALL INCISIONS**

- Identify vaginal apex and each lateral uterosacral dimple point
- If using Elevate Apical and Posterior System with InteXen LP*, place graft in saline to begin rehydration
- Inject local anesthetic/vasoactive solution such as lidocaine with epinephrine
- Perform a midline incision

* Limited Market Availability



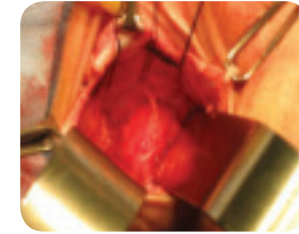
**STEP 2 —
POSTERIOR WALL DISSECTION**

- Dissect down to the rectovaginal fascia utilizing a full-thickness dissection technique
- Utilize blunt dissection technique to maintain dissection in the same plane
- Dissect towards the ischial spine and palpate with index finger



**STEP 3 —
CLEARING THE
SACROSPINOUS LIGAMENT**

- Sweep medially 2-3 cm towards the sacrum to clear fascia from ligament
- Perform technique for both patient right and left sides



**STEP 4 —
SUTURE TO VAGINAL APEX**

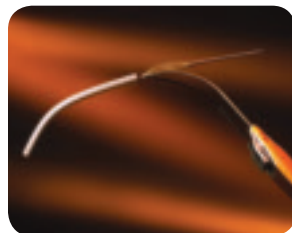
- Typically 2 or more delayed absorbable sutures should be used at the apex



**STEP 5 —
LOADING OF ELEVATE FIXATING
ARMS**

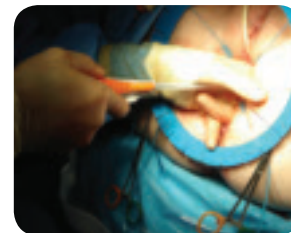
- Insert the self-fixating tip of one of the fixating arms onto the needle tip

NOTE: The self-fixating tip mates to needle tip such that the tines are always in a vertical orientation



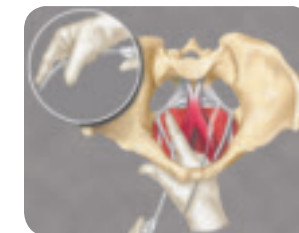
**STEP 6 —
LOADING PROTECTIVE SHEATH
OVER NEEDLE AND FIXATING
ARM**

- Insert loaded needle into curved plastic sheath through end with cutout feature
- Slide sheath down the needle until end of sheath engages with needle handle (You should hear a click)
- Verify sheath is secure and needle tip does not protrude from distal end of sheath



**STEP 7 —
POSITIONING APICAL NEEDLE**

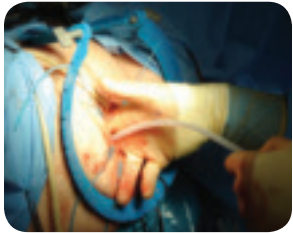
- Locate sacrospinous ligament by palpation
- While keeping palpating finger on ligament, guide tip of loaded needle and sheath alongside and lateral to the finger towards sacrospinous ligament
- For patient left, hold needle in the 5 o'clock position and for patient right, hold needle in the 7 o'clock position



**STEP 8 —
INSERTING THE SELF-FIXATION TIPS**

- Place needle with sheath at fixation point perpendicular on the caudal side of the ligament and approximately 2-3 cm medial from the ischial spine
- Press release mechanism on handle with index finger. While keeping mechanism pressed, drive needle and self fixating tip into ligament

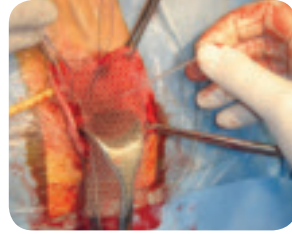
NOTE: Do not drive needle and self fixating tip into ligament when release mechanism is not in use



**STEP 9 —
REMOVING SHEATH AND NEEDLE**

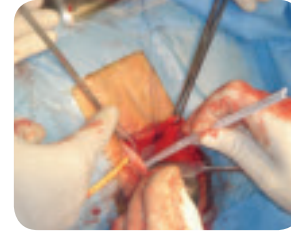
- Remove needle and sheath from area of implantation pulling back gently on needle until it disengages from self-fixating tip
- Carefully remove needle through incision and out introitus
- For patient left, repeat steps 5 – 8 switching to opposite side for all directional instructions

NOTE: Once fixating arms are inserted gently tug on each arm to ensure secure fixation



**STEP 10 —
TRIMMING AND SLIDING GRAFT
OVER FIXATING ARMS**

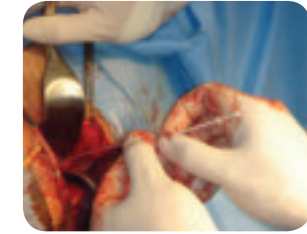
- Locate loose eyelets on the graft and slide each over the fixating arms exiting from the introitus
- Trim proximal end of graft appropriate to patient anatomy
- Place sutures through proximal portion of graft



**STEP 11 —
POSITION AND ADJUST GRAFT**

- Proceed by inserting the end of either fixating arm through tip of adjustment tool
- While holding fixating arm medially within introitus, proceed to slide down fixating arm toward graft at which point graft will be pushed into pelvic cavity
- Slide down graft in short increments on each patient side until desired position is obtained

NOTE: Check for proper tensioning; to loosen do a rectal exam or grab the center of graft and pull toward the introitus



**STEP 12 —
DEPLOYING THE LOCKING EYELET**

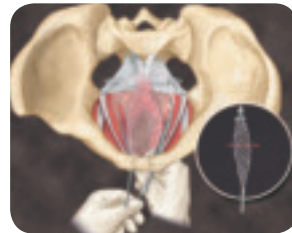
- Once tensioning of graft is final, attach the female end of the eyelet applicator into the end of either fixating arm
- Slide one locking eyelet down 2 cm onto the fixating arm and disengage the applicator
- Repeat load of the locking eyelet on the other fixating arm



**STEP 13 —
FINAL TENSIONING**

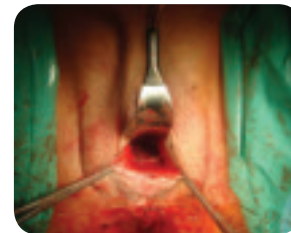
- Reload adjustment tool over end of either fixating arm
- Proceed to slide locking eyelet down fixating arm into cavity while maintaining medial positioning within introitus
- Continue pushing locking eyelet down the fixating arm until it reaches the loose eyelet on the graft
- Palpate to verify locking eyelet rests against surface of loose eyelets. If not, readjust with adjustment tool
- Secure apical sutures previously placed

NOTE: Locking eyelet cannot be reversed once its teeth come into contact with proximal mesh of the fixating arm



**STEP 14 —
TRIMMING FIXATING ARMS**

- Trim fixating arms to a length of **at least 1 cm** extending past the locking eyelet
- Verify that discarded rod arm contains mesh on end. If not, trim away remaining rod from the mesh arm in vivo



**STEP 15 —
POSTERIOR WALL MANAGEMENT**

- May use absorbable sutures for lateral fixation
 - One on each side in the levators
 - One on each mesh corner just superior to the perineal body
- Perform perineoplasty as necessary
- Minimize trimming of excess vaginal mucosa
- Close vaginal incision with your choice of suture
- Insert vaginal packing



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