

Quick guide - Surgical Technique

1. Incisions and Dissections

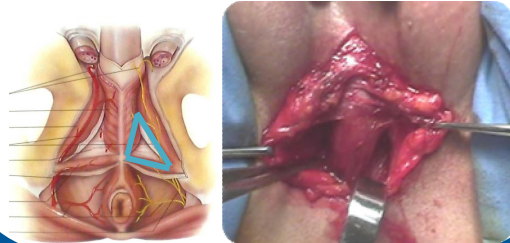
Suprapubic: Medial. 7 cm length, 2 cm above superior border of pubic bone. Do not incise the abdominal rectus muscle fascia.



Perineal: Vertical. 5-7 cm centered at the inferior border of pubic bone. Keep intact the bulbospongiosus muscle and the central tendon.

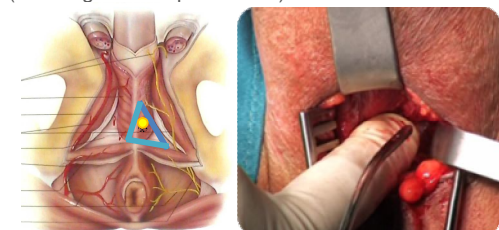


Identify the angle formed by the bulbospongiosus muscle and the crura.



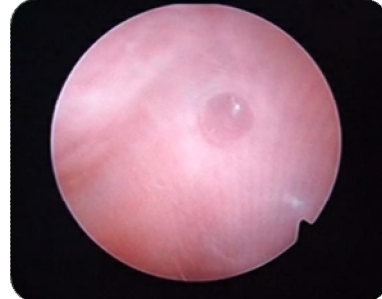
2. Needle entry point

Introduce the needle at the angle formed by the bulbospongiosus muscle and the crura.
Important: upwards trajectory of the needles in close contact with the posterior surface of the pubic bone (avoiding bladder perforation)



3. Control Cystoscopy

After passing the two needles, a control cystoscopy is mandatory to rule out bladder perforations. 70° angle cystoscope is recommended.



4. Implant placement

Argus system attachment to the needles should be done with care and avoiding any mechanical damage to the fixation arms material.



Pull upwards the needles symmetrically to put the implant in place. The sub-urethral pad must be in contact with bulbospongiosus muscle at the level of the bulbar urethra. Do not apply any tension on the system yet.



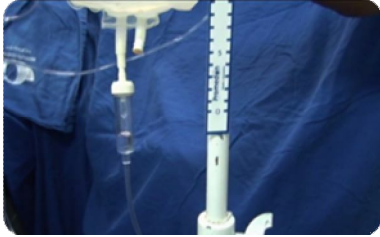
Put the Fixation/Adjustment rings on the fixation arms and place them in contact with the abdominal rectus muscle fascia.

Important: Argus system is placed without any tension at this moment, just gently in contact with the bulbospongiosus muscle. No stress on the system at this stage.



5. Retrograde Adjustment Pressure (RAP)

Ruler is located over a pole with zero at the level of bladder neck.



Use a cysto sheath connected to a bottle (saline solution) puncture the bottle with an injection needle to allow air to go inside the bottle. Connecting tubing must have a dripping chamber.



Measure the baseline for the RAP, with Argus just in place without any tension on the system.



To register the baseline RAP, move the bottle downwards slowly. The baseline RAP mark is the upper level of saline solution inside the bottle when the dripping stops.



The target RAP should be 10 – 15 cm H₂O higher than the baseline. Usually final measurement is 30 cm H₂O approx.
If fix tension increase is needed, fix the rings and pull the fixation arms upwards two cones symmetrically.
Important: target RAP must be achieved with a loose fit manner. Argus system should not be over tighten while achieving the target RAP.

6. Suturing incisions

Perineal: is closed in multiple layers



Suprapubic: bend and bind together the ends of the fixation arms (without cutting its excess) over the abdominal rectus muscle fascia using non-absorbable suture without any tension on them.



Close the suprapubic incision in same way than the perineal incision.

This Quick Guide does not replace the surgical procedure described in the Instruction for use nor the technique showed in the promotional video distributed by Promedon.