

**Extended RIG Tip**

**Protective tube**  
Protection of surrounding tissue during the implantation procedure.

**Curved Guide**  
Easy access to SSL through the anterior and posterior approach. Limited dissection required.

## RIG RETRACTABLE INSERTION GUIDE USER MANUAL

**Protective tube lock and release mechanism**  
Easy locking and releasing of the protective tube.

**Retractable Mechanism**  
Simple insertion and release of TAS anchor.

**Ergonomic Handle**  
Safe maneuvering

**ANCORIS**  
POP REPAIR SYSTEM

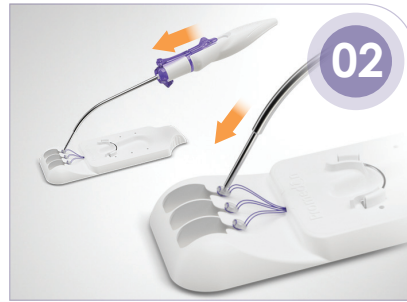
**Splentis**  
POP TISSUE ANCHORING SYSTEM

**Calistar<sup>S</sup>**  
SINGLE INCISION POP REPAIR SYSTEM

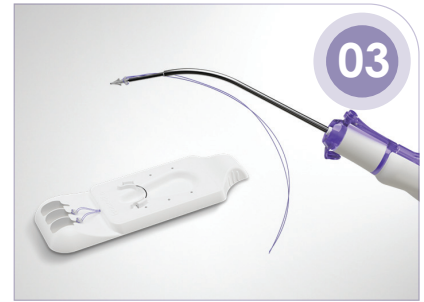
# STEP BY STEP



The TAS have a hole that can be placed on the tip of the RIG. Ensure that the switch on the handle of the RIG has been pushed into the upper position to extend the RIG tip.



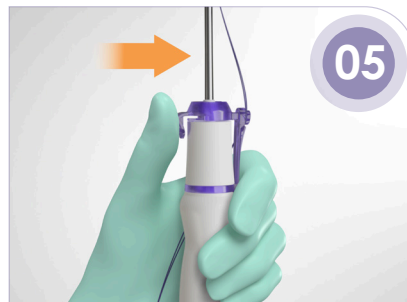
Pick up a TAS from the Dispenser Unit by placing the extended RIG Tip into the TAS and pushing downwards. Once there is a "click", the anchor is attached to the RIG.



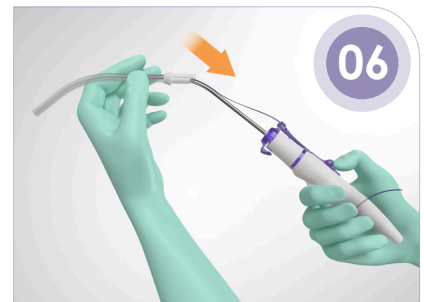
The TAS can now be safely removed from the Dispenser Unit. Ensure that the anchor is firmly attached to the RIG tip.



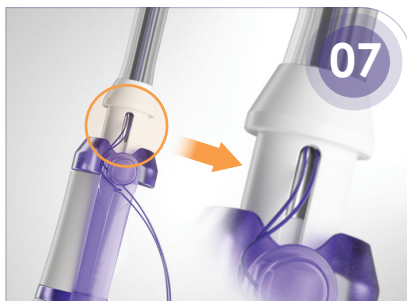
Place the TAS sutures around the fixation point on the handle.



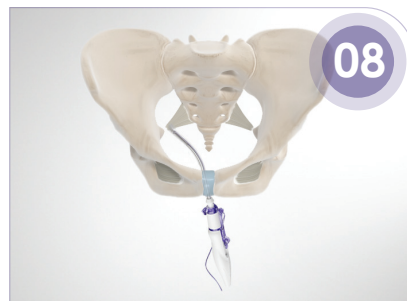
Ensure that the protective tube lock and release mechanism is in a pushed back, locked position.



Pull the protective tube over the RIG until there is a "click". The protective tube is now securely attached to the RIG.



Ensure that the TAS sutures are passed through the slot on the bottom of the protective tube.



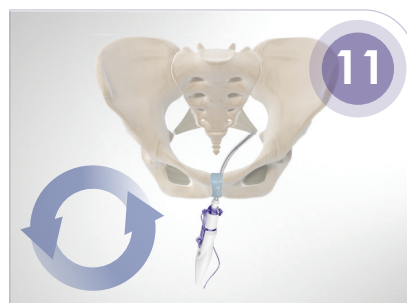
For TAS implantation, guide the RIG to the sacrospinous ligament.



Once the anchor is placed in its final position, the protective tube must be released by pushing the protective tube lock and release mechanism in its unlocked position. Subsequently, the TAS can be inserted into the sacrospinous ligament using firm pressure.



Release the TAS by shifting the switch on the RIG handle backwards. The TAS suture is left hanging out of the introitus until needed.



Remove the protective tube from the RIG to start implanting the second TAS on the contralateral side. Start the process from step 1.