

TRANSOBTURATOR SAFYRE: A MINIMALLY INVASIVE SELF-ANCHORING AND READJUSTABLE SLING**Synopsis of Video**

A new concept of a minimally invasive, self-anchoring, re-adjustable horizontal sling for female urinary stress incontinence is described. The aim of this innovative approach is to provide a urethral backboard support and avoid the Retzius space simultaneously, specially in cases of previous failed procedures or obese patients.

The Safyre sling is made of a polypropylene mesh for urethral support, held between two self-anchoring columns made of polydimethylsiloxane polymer. The procedure is carried out with the patient in the lithotomy position. A 1.5 cm long vaginal incision is performed 0.5 cm from the urethral meatus. The vaginal wall is dissected from the underlying periurethral fascia bilaterally to the inferior ramus of the pubic bone. Bilateral skin incisions are made in the genitofemoral fold at level of clitoris. The hook like needle path is made around the ischiopubic ramus through skin, obturator membrane and muscles, exiting through the vaginal incision. During this maneuver, the surgeon guides the needle through the lateral vaginal fornix using his forefinger, to avoid piercing the vaginal wall or damaging the urethral tissue. The Safyre sling is hooked by the tip of the needle and brought to the previously made incision. The same maneuvers are repeated on the other side. The sling is adjusted without any tension over the midurethra, keeping a 3 mm gap between the urethra and the sling. No cystoscopy is necessary. The vaginal and skin incisions are closed in the usual manner.

Transobturator Safyre is a promising technique. This approach may be useful in cases of previous failed anti-incontinence procedures and obese patients, allowing for later readjustment, should it become necessary.