

Lynx™

Suprapubic Mid-urethral Sling System

Lynx Blue Sling System shown



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Suprapubic Mid-urethral Sling System

Boston Scientific offers a full portfolio of solutions to treat stress urinary incontinence - giving you the control and confidence to treat patients with your preferred surgical approach.

Lynx Suprapubic Mid-urethral Sling Systems is offered in original clear mesh, as well as Advantage™ blue mesh, providing improved visibility and used in over 1 Million Advantage products.*

A smooth, de-tanged suburethral portion designed to maintain its integrity during tensioning and potentially reduce irritation to the urethral wall

Tanged edges outside of the suburethral portion is designed to prevent mesh migration

Improved visibility. Evidence based.

- The same mesh properties as our patented Advantage mesh, which is documented in more than 100 publications to date
- The easy-to-see, optical blue color is designed to help improve your visibility for more accurate intra-operative sling tensioning and may make it easier to locate post-operatively**

Trusted polypropylene mesh¹

- Mesh thickness: 0.66mm
- Pore size: 1182µm
- Fiber size (diameter): 0.15mm
- Weight: 100g/m²

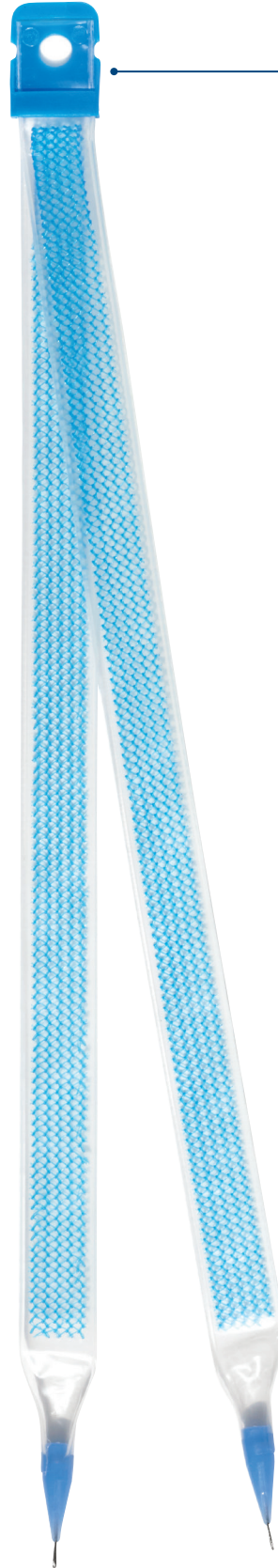
* Data on File at Boston Scientific.

** Based on physician feedback.



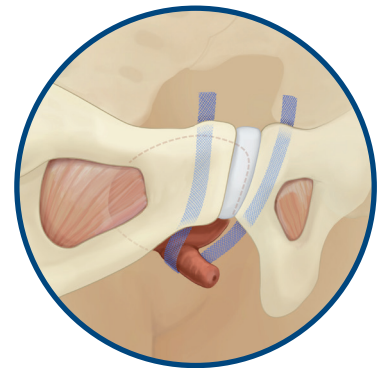
Non-skid handle

Non-skid grip is designed to prevent hand from slipping during intra-operative manipulation



Centering tab

Allows for proper alignment of the center of the mesh under the urethra. It also allows the physician to apply counter tension to the sling while preserving the mesh integrity



Suprapubic approach

Needle

- Designed to facilitate suprapubic device passage
- Needle is colored to enhance visibility during cystoscopy

Association loop

- Facilitates needle and mesh engagement and removal
- Smooth transition from loop to mesh allows for minimal tissue disruption

Ordering Information

Product code	Description	Quantity
M0068503010	Lynx™ Blue Sling System	2 Delivery Devices and 1 Mesh Assembly
M0068503000	Lynx™ Sling System	2 Delivery Devices and 1 Mesh Assembly

1. Moalli PA, Papas N, Menefee S, et al. Tensile properties of five commonly used mid-urethral slings relative to theTVT. *Int Urogynecol J Pelvic Floor Dysfunct.* 2008 May;19(5):655-63.

Caution: For Female Mid-Urethral Slings: Federal (US) law restricts this device to sale by or on the order of a physician trained in use of surgical mesh for repair of stress urinary incontinence. Refer to package insert provided with this product for complete Indications for Use, Contraindications, Warnings, Precautions, Adverse Events, and Instructions prior to using this product.

The following adverse events have been reported due to suburethral sling placement, any of which may be ongoing, but are not limited to: As with all implants, local irritation at the wound site and/or a foreign body response may occur, Foreign body reaction may be acute or chronic, Pain (pelvic, vaginal, groin/thigh, suprapubic, dyspareunia) (acute or chronic), Dyspareunia, Tissue responses to the mesh implant could include: erosion into organs (urethra, bladder or other surrounding tissues); exposure/extrusion into the vagina, Mesh contact with urine via erosion/exposure/extrusion may result in stone formation, scarring/scar contracture, Necrosis, fistula formation (acute or chronic), inflammation (acute or chronic), Mesh contracture, Tissue contracture, Vaginal shortening or stenosis that may result in dyspareunia and/or sexual dysfunction, Pain with intercourse that may not resolve, Exposed mesh may cause pain or discomfort to the patient's partner during intercourse, Sexual dysfunction, including the inability to have intercourse. Like all foreign bodies, the mesh may potentiate an existing infection. Allergic reaction has been reported. Known risks of surgical procedures for the treatment of incontinence include: pain, ongoing pain (pelvic, vaginal, groin/thigh, suprapubic, dyspareunia), Severe, chronic pain, Apeareunia, Leg weakness, Infection, De novo detrusor instability, Complete failure of the procedure/failure to resolve a patient's stress urinary incontinence, Voiding dysfunction (incontinence, temporary or permanent lower urinary tract obstruction, difficulty urinating, pain with urination, overactive bladder, and retention), Bruising, bleeding (vaginal, hematoma formation), Abscess, Vaginal discharge, Dehiscence of vaginal incision, Edema and erythema at the wound site, Perforation or laceration of vessels, nerves, bladder, urethra or bowel may occur during placement. The following additional adverse events have been reported for the Solyx SIS System: Dysuria, Hematuria. The occurrence of these events may require surgical intervention and possible removal of the entire mesh. In some instances, these events may persist as a permanent condition after surgical intervention or other treatment. Removal of mesh or correction of mesh-related complications may involve multiple surgeries. Complete removal of mesh may not be possible and additional surgeries may not always fully correct the complications.

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