Boston Scientific
Advancing science for life™

Consistent. Innovative. Precise.

Advantage Fit™ Ultra and Advantage™ Ultra

Transvaginal Mid-urethral Sling Systems

Advantage Fit Ultra Blue Sling System shown

Advantage™ Fit Ultra and Advantage™ Ultra Transvaginal Mid-Urethral Sling Systems

Fueled by physician insights and feedback, the Advantage Fit Ultra and Advantage Ultra Transvaginal Mid-Urethral Sling Systems improve provider experience by enhancing sling delivery to drive procedural efficiency, mesh visualization and tensioning consistency. Paired with Boston Scientific's clinically supported Advantage™ optical blue mesh, Advantage Fit Ultra and Advantage Ultra are designed for more precise sling placement.

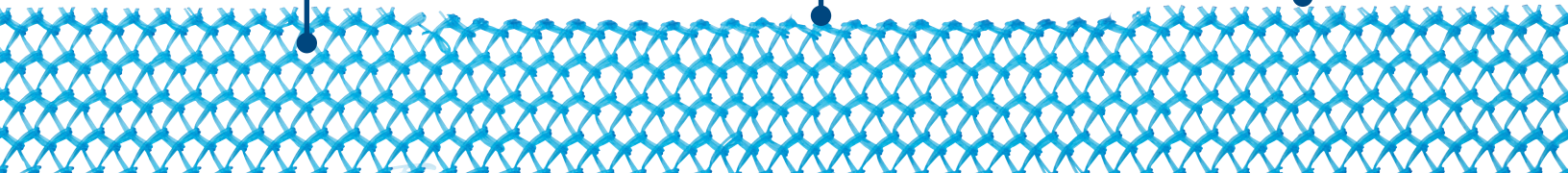
Ultra innovation includes Boston Scientific's clinically supported Advantage mesh, which is supported by more than **100 publications** to date and has been used in more than **1 million slings**.

Trusted polypropylene mesh[1]

- Mesh thickness: 0.66 mm
- Pore size: 1182 µm
- Fiber size (diameter): 0.15 mm
- Weight: 100 g/m^2

Smooth, de-tanged suburethral portion designed to **maintain integrity during tensioning** and potentially reduce irritation to the urethral wall

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



Delivery device handle

Ergonomic handle designed to fit into physician's hand and allow for ambidextrous use.

Non-skid grip

Designed for ergonomic grip and to prevent hands from slipping during intra-operative manipulation.

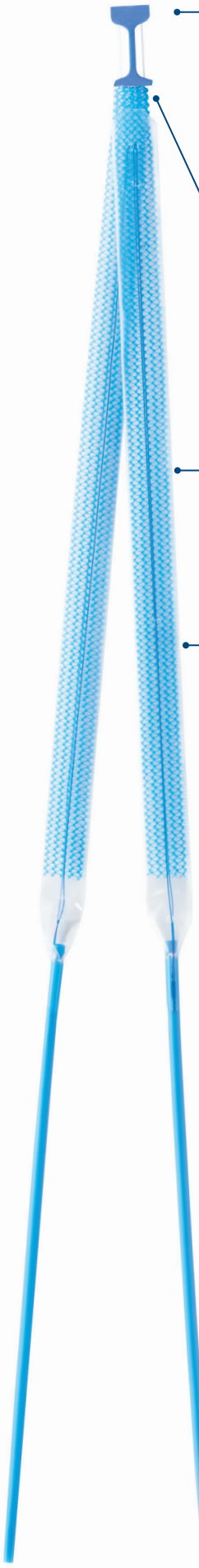
Pusher on Advantage Fit Ultra

Designed with a pusher for ergonomic finger placement to provide the user with greater needle stability and control during delivery.

Needle radius and diameter

Thinner needle and tighter curve of Advantage Fit Ultra are intended to reduce insertion force, and place the mesh closer to the pubic bone and farther away from critical structures.*

- Diameter Advantage Ultra needle: 5 mm
- Diameter Advantage Fit Ultra needle: 2.7 mm (46% thinner)



Sleek, suture-released centering tab

Provides the ability to visualize tensioning and centering after sleeve removal and a one-step tab removal process.

1 cm exposed mesh

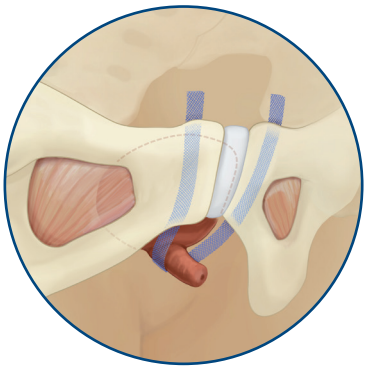
One centimeter of exposed mesh designed for better visualization of the surgical field and mesh tensioning.

Lay flat, two-sleeve design

Provides a slim, smooth surface during tissue interaction.

Clinically supported blue mesh

The exact same material and benefits as the patented Advantage™ clear mesh in an optical blue color.



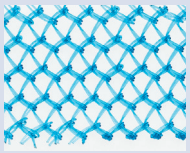
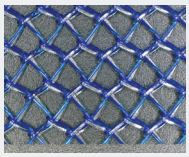
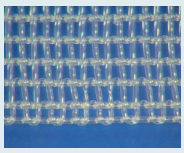
Transvaginal approach

Blue dilator

Designed to improve visualization during cystoscopy.

Advantage Fit Ultra Blue Sling System shown

Fundamental difference in mesh design philosophy[1]

30x magnification			
Feature	**BSC**	**J&J**	**Coloplast**
Pore size (microns)[1]	1182	1379	374
Density (g/m^2)	100	100	70
Knit pattern	Tricot	Tricot	Warp knit, pillar stitch with inlay
Edge design	Tanged with detanged sub-urethral portion**	Tanged	Sealed
Color	Blue	Blue	Clear

Ordering Information

Advantage Fit™ Ultra and Advantage™ Ultra Transvaginal Mid-urethral Sling Systems

Product code	Description	Quantity
M006**8502160**	Advantage Fit™ Ultra System	1 Delivery Device and 1 Mesh Assembly
M006**8502060**	Advantage™ Ultra System	1 Delivery Device and 1 Mesh Assembly

To learn more, contact your Boston Scientific representative or visit **www.bostonscientific.com/Ultra**

*As compared to Advantage Transvaginal Mid-Urethral Sling.

**Heat sealed mid-section

1. Moalli PA, Papas N, Menefee S, et al. Tensile properties of five commonly used mid-urethral slings relative to the TVT. *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, Apareunia, 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.

Boston Scientific
Advancing science for life™

Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752
www.bostonscientific.com

WH-1124205-AA JAN2022