

A white wireframe mesh of a human torso, showing the ribcage, spine, and pelvic region, set against a dark brown background.

Uro-gynæcologic Surgery

swing - SYSTEM[®]
evolution

Product Catalog

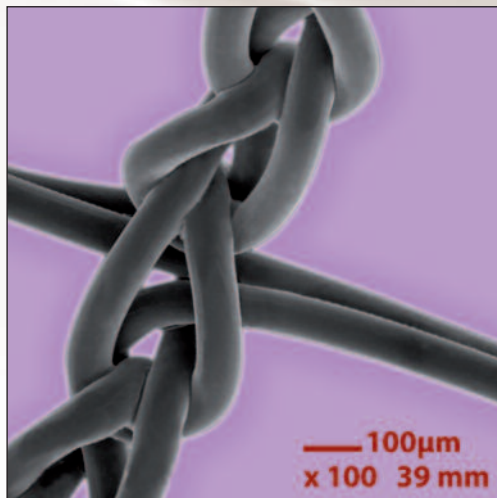
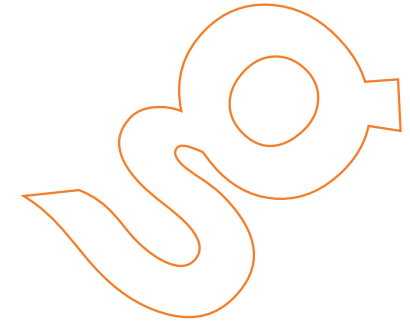
swing

TECHNOLOGIES
a THT bio-science division



Light and ultralight prostheses...

Swing-system® is a full range of implants designed for women pelvic floor correction. Rectangular-holed sealed knitted mesh made of polypropylene (PP) monofilament. The mesh is permeable, translucent and atraumatic in two versions (light and ultralight). With an excellent biostability, this material promotes good initial and long-term colonization suitable for pelvic floor surgery.



SURGICAL CONCEPT

Surgical concept of 10 years clinical history, Swing-system® is a prolapse or urinary incontinence treatment by vaginal or laparoscopic approach surgeries :

- Correction of deficient fascias by prosthesis positioning
- Precut prosthesis with disposable or reusable instrumentations.
- No systematic hysterectomy
- Restoration of vagina depth and perineum axis

... a full range for pelvic floor correction

CYSTO-swing®

“TENSION FREE”

- Cystocele
- Vesical reservoir ptosis
- Anterior floor prolapse

RECTO-swing®

SPINAL FIXATION
OR TRANSGLUTEAL

- Rectocele
- Elythrocele
- Hysterocele
- Vaginal vault prolapse

swing-BAND®

“NO TOUCH”

Stress urinary incontinence

JUST-swing®

SVS “Secured Vaginal sling”

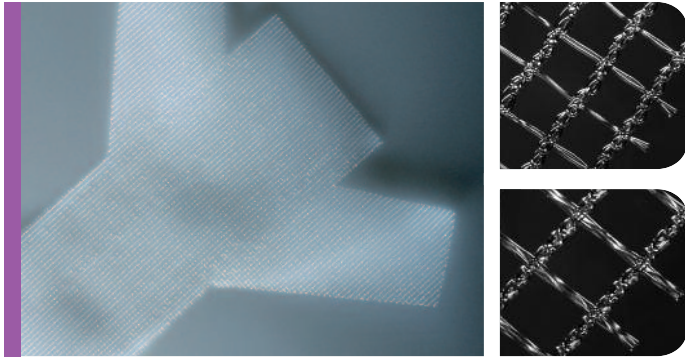
Stress urinary incontinence by adjustable mini-sling

PRO-swing®

SACROCOLPOPEXY

- Cystocele
- Rectocele
- Urinary incontinence

RECTO-swing®



RS3/RS4 Ultra light and light SPINAL FIXATION

Recto-swing® prosthesis is flat and precut for rectovaginal positioning, secured to the sacrospinous ligaments by suturing or stapling.

DESCRIPTION

Precut polypropylene (PP) prosthesis

RS3 Weight : 28 g/m² - Pore size : 0,7 x 0,7 mm

Thickness : 0,3 mm - Mean Elongation : 40 %

Mean Resistance : 12 daN

RS4 Weight : 45 g/m² - Pore size : 1,5 x 1,5 mm

Thickness : 0,4 mm - Mean Elongation : 51 %

Mean Resistance : 24 daN

Mean values given as an indication

INDICATIONS

- Rectocele
- Hysterocele
- Elythrocele
- Vaginal vault prolapse

A D V A N T A G E S

- Perfect correction of the rectocele
- Fits all morphologies
- Easy to install
- Long-term efficiency
- Can be used to fix the uterus in case of hysterocele

SURGICAL APPROACH :

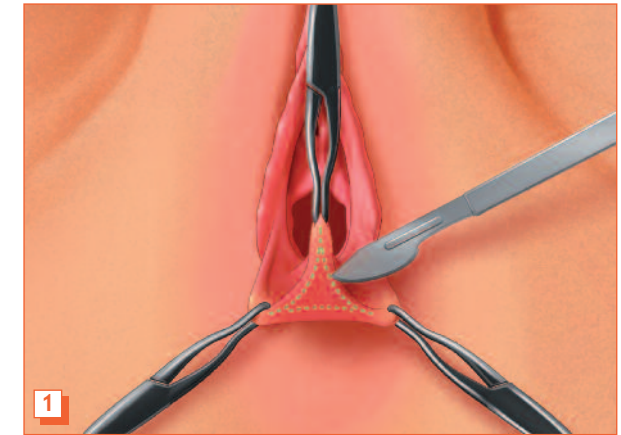
- Rectovaginal approach (shifted vaginal incision)
- Sacrospinous ligaments fixation

RS3/RS4

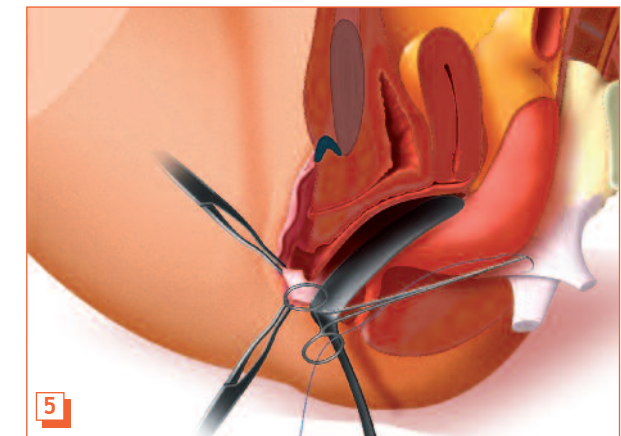
	References	Size in cm
	RS3/RS4 50140	5 X 14

non-exhaustive reference list

S U R G



Conservative posterior vulvar incision in the posterior vaginal wall.

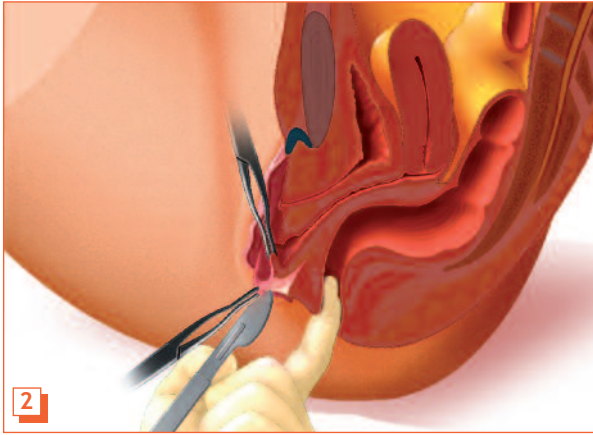


Fixing a Vicryl to the 2 sacrospinous ligaments (at 3 cm from the sacrum) to lower arms of the prosthesis down to the ligaments.

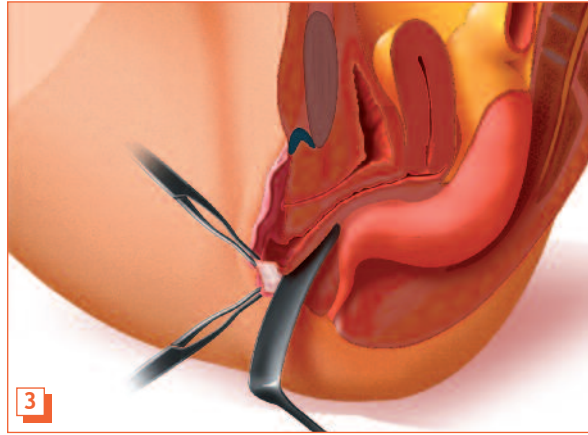
C A L

T E C H N I Q U E

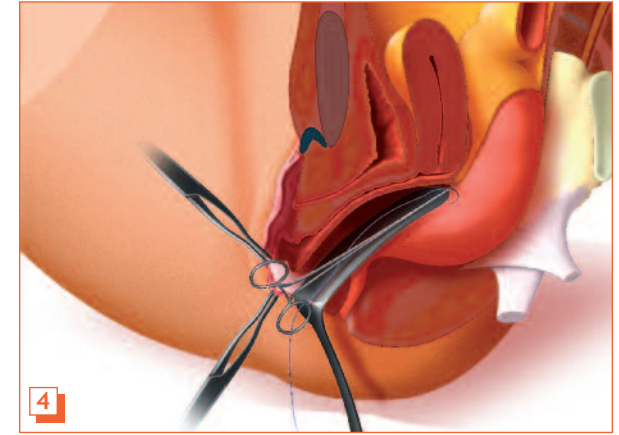
C A L



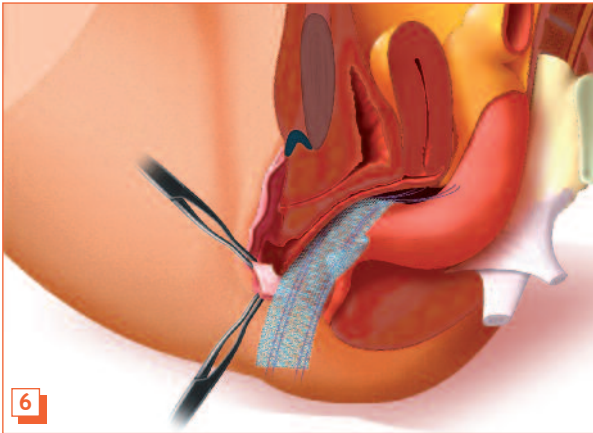
2 Separation of the non-detachable area of the rectum monitored by an intrarectal finger up to the detachable area.



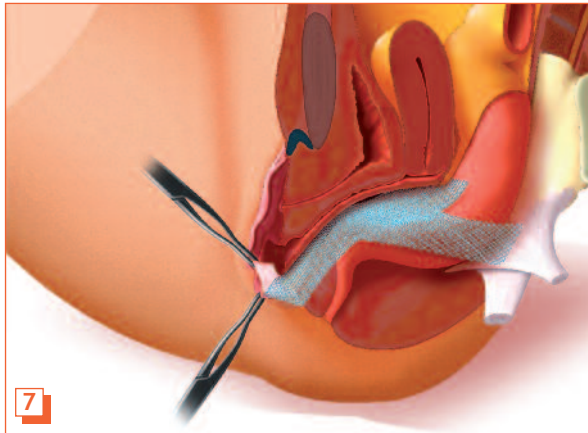
3 Complete separation of the wall to the Douglas pouch.



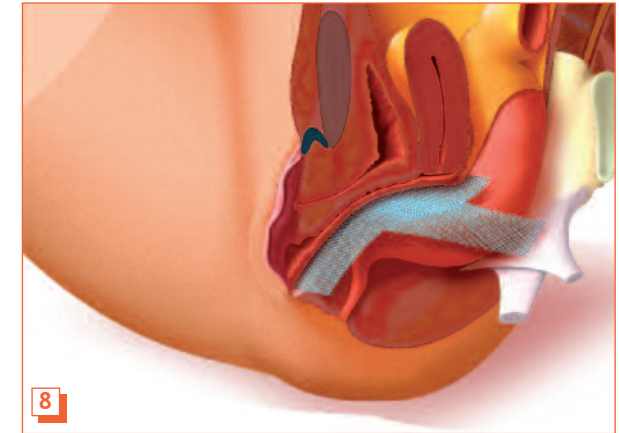
4 Opening of the two ischioirectal fossae and view of the two sacrospinous ligaments.



6 Installation of the prosthesis in the rectovaginal wall.

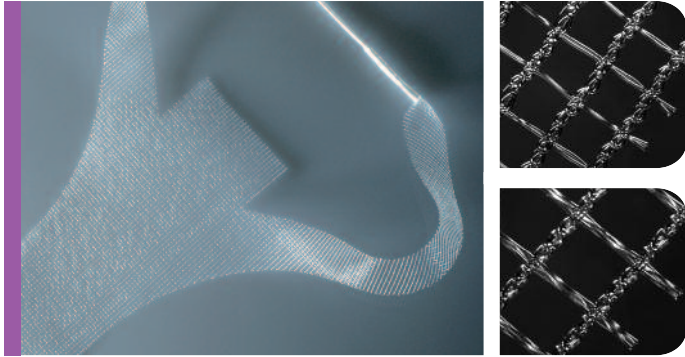


7 The cephalic segment of the prosthesis can rest against the uterine isthmus to correct any corresponding hysterocele.



8 Closure of the vaginal scar without colpectomy.

RECTO-swing[®]



RS3/RS4 Ultra light and light TRANSGLUTEAL

Version of the prosthesis for spinal fixation designed for transgluteal approach in "tension free".

DESCRIPTION

Precut polypropylene (PP) prosthesis

RS3 Weight : 28 g/m² - Pore size : 0,7 x 0,7 mm

Thickness : 0,3 mm - Mean Elongation : 40 %

Mean Resistance : 12 daN

RS4 Weight : 45 g/m² - Pore size : 1,5 x 1,5 mm

Thickness : 0,4 mm - Mean Elongation : 51 %

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A D V A N T A G E S

- Perfect correction of the rectocele
- Fits all morphologies
- Easy to install
- Long-term efficiency
- Can be used to fix the uterus in case of hysterocele
- Single-use or reusable instrumentation



SURGICAL APPROACH :

- Rectovaginal approach
- Transgluteal approach in "tension free"



ISP Instrumentation

RS3/RS4 with or without single-use instrumentation

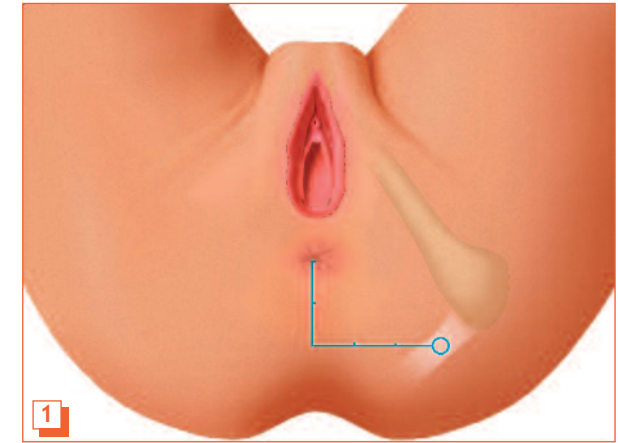
	References	Size in cm
	RS3/RS4 40140	4 X 14
	RS3/RS4 40140 SP	4 X 14

Reusable instrumentation

	References	Description
	ISP-R	Suprapubic instrument

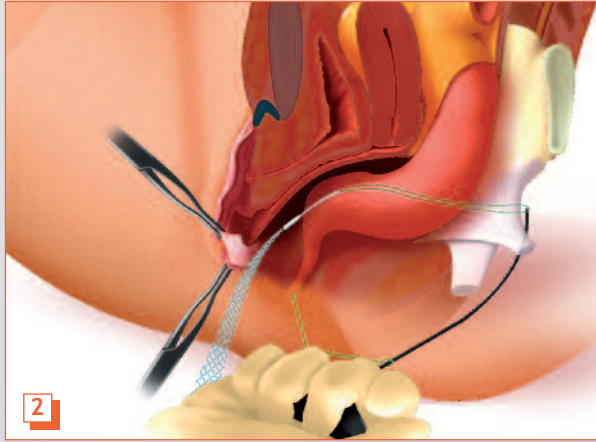
non-exhaustive reference list

S U R G I C

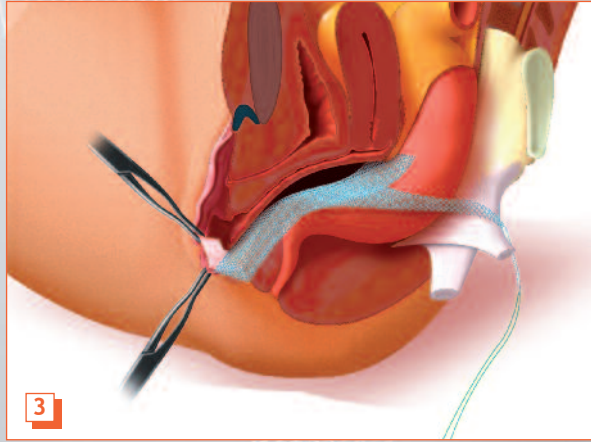


The incision and operating times are identical to those indicated for rectocele by rectovaginal detachment. Only the installation of the prosthesis is different as shown opposite, namely :
Insertion point of the needle into the buttock: 2 horizontal fingers' width under the anus, then 3 vertical fingers' width from this point.

A L T E C H N I Q U E



- The needle passes through the sacrospinous ligament.
- The guide wire on the prosthesis is threaded onto the needle and pulled backwards.



Positioning of the transgluteal prosthesis through the buttock in "tension free".



Creating... together !

swing

TECHNOLOGIES
Digestive & Uro-gynécologic surgery



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