NEW GENERATION OF PELVIC ORGAN PROLAPSE SOLUTIONS
Calistar Single Incision POP Repair System is indicated for anterior and apical prolapse repair (Calistar A), as well as posterior and apical prolapse repair (Calistar P) by reinforcing the support structures of the pelvic floor. The procedure is performed through a single vaginal incision.

Single incision: minimally invasive prolapse repair

- Decreased operative and hospitalization time.
- Rapid patient recovery.

Precise implantation: Retractable Insertion Guide and TAS Anchors

Retractable Insertion Guide (RIG):
- High precision connection between the RIG and the implant.
- Controlled release of implant fixation arms and TAS anchors, and proper implant placement at targeted anatomical landmarks.

BENEFITS
- Comfort and safety in surgical maneuvers.
- Possibility to choose the right approach for each patient.
- Total control of retention and release of TAS anchor.

Reliable fixation: unique anchoring system

TAS (Tissue Anchoring System) anchors
- Implant securely adheres to surrounding tissue.
- 6 fixating points at 360° and a safety stop provides strong and safe anchorage to sacrospinous ligaments.

BENEFITS
- Certainty and simplicity for SSL fixation.
- Durable results.
- Low complication rate.

Optimal implant design: stabilized correction of a wide range of defects

- Design of 6-mm orifices in the central portion of implant.11
- Posterior fixation arms with special design for efficient attachment to De Lancey’s Level 1.

BENEFITS
- Facilitates tissue ingrowth.
- Possibility to choose the right elevation of vaginal apex for each patient.
A solution for every condition

Calistar®

Remarkable anatomical and functional outcomes for anterior and apical prolapse repair
- Achieved by fixating the implant to De Lancey’s Level I (sacrospinous ligaments), pericervical structures and mid urethra support.
- Unique and innovative feature: significant reduction in the incidence of SUI post-correction of the prolapse by the tension-free support of the mid urethra.

Accurate Surgical Technique
- Specially designed instrumentation allows for secure and highly precise implantation to sacrospinous ligaments and internal obturator muscles.

Stability, Adjustability and Simplicity
- Innovative multipoint anchoring system of the anterior arms provide a highly reliable primary fixation.
- Intra-operative adjustability: loosening loops on fixation arms allow tension adjustments at the suburethral support.
- Easily identifiable central mark to achieve a symmetric centered implant placement under the mid urethra.

Minimally invasive surgery for posterior and apical prolapse repair
- Secure attachment to sacrospinous ligaments through the TAS anchors.
- New technique significantly reduces the risk of nerve or vessels damage.
- Specific design for an accurate fitting to De Lancey’s Level I and II.

Proven efficacy: clinical results

Simultaneous single-incision transvaginal mesh to treat anterior and apical prolapses – a midterm results
Prospective study / N= 95 pts. Max. follow-up: 24 months.

<table>
<thead>
<tr>
<th>POP-Q points</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aa</td>
<td>+1.8</td>
<td>-2.0</td>
</tr>
<tr>
<td>Ba</td>
<td>+3.0</td>
<td>-2.6</td>
</tr>
<tr>
<td>C</td>
<td>+0.5</td>
<td>-6.4</td>
</tr>
<tr>
<td>D</td>
<td>-2.4</td>
<td>-7.3</td>
</tr>
<tr>
<td>ICG-SF</td>
<td>13.7</td>
<td>1.6</td>
</tr>
</tbody>
</table>

- 84.3% women were considered cured from anterior prolapse.
- 95.5% women were considered cured from apical prolapse.
- SUI was cured in 82.9% from the pre-diagnosed group.

Severe posterior and apical prolapse correction through single incision
Patients with posterior and apical prolapse POP-Q stage 3.

Results:
90% of patients were considered cured (POP-Q posterior/apical stage 0 or 1).

2. Siniscalchi R1, Dias F G F1, Fabro I D2, Santos A C P D1, Palma P1, Ricetto C1. 1. Division of Urology, University of Campinas – Unicamp. 2. Division of Engineering, University of Campinas - Unicamp. Mechanical properties of mini sling fixation devices: Ophira® versus Mini Arc®. 41st Annual ICS Meeting. Glasgow, UK. Abstract #13016.
ORDERING INFORMATION

Calistar A - Apical and Anterior Vaginal Prolapse Repair

ORDER NUMBER: KIT – CALISTAR A
1 CALISTAR A Anterior Vaginal Prolapse Implant
3 TAS (Tissue Anchoring System) anchors with sutures
1 Retractable Insertion Guide

Calistar P - Apical and Posterior Vaginal Prolapse Repair

ORDER NUMBER: KIT – CALISTAR P
1 CALISTAR P Posterior Vaginal Prolapse Implant
3 TAS (Tissue Anchoring System) anchors with sutures
1 Retractable Insertion Guide