Int Urogynecol J (2014) 25:1293
DOI 10.1007/s00192-014-2440-8

LETTER TO THE EDITOR

Re: Not all minislings are alike

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Published online: 25 June 2014
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Dear Editor,
We thank Dr. Sivaslioglu [1] for his interest in the long-term results of our trial of a minisling versus "traditional" retropubic tape [2]. We agree with his point regarding success rates of adjustable minislings. At the time our study was conceived, single-incision slings were a relatively new concept, and the first adjustable minisling was not yet in widespread use. As well as the possibility of movement of tissue anchors, which we highlighted as a possible reason for the poorer success rate of the minisling arm of our study, the inability to adjust the tension of the minisling was undoubtedly a major factor. Although this has been overcome by the introduction of adjustable minislings, it should be noted that recent meta-analysis data of trials with at least 12 months' follow-up also report full-length slings to be superior to minislings in terms of objective and subjective outcomes [3].

With respect to evaluating intrinsic sphincter deficiency (ISD), we chose not to include this aspect as part of our trial protocol, as we were keen to focus on the outcomes that were most applicable to patients. Whereas we agree that stratifying results by the presence of ISD would have given interesting insights, achieving the patient's goal is known to correlate significantly with other measures of treatment success [4], and we therefore chose to focus on symptom relief as our primary outcome measure. Nonadjustable minislings have been shown by other authors to perform less well in patients with ISD [5], probably for the reasons outlined by Dr. Sivaslioglu as well as by us.

The development of single-incision slings represents an ongoing evolution in continence surgery. Whereas the evidence base is increasing, clinicians should be encouraged to submit their outcomes to registries and databases so that our subspecialty can more definitively delineate which operation optimally fits which patient.

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