Comment on editorial by Nieuwoudt: “Surgical footprints, then and now”

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Dear Editor,

I would like to comment on the above editorial published in the September issue of *International Urogynecology Journal* [1]. The author defends the defect-specific approach to anterior vaginal wall reconstruction and claims that this approach can “directly restore” damaged/altered anatomy, following the “simple rules of proper reconstructive surgical techniques”.

I agree that such an approach is possible, feasible and successful in the posterior compartment, but there is no proof that this is the case for the anterior compartment. Nobody has ever credibly shown fascial defects of the anterior compartment in vivo, either by imaging or intra-operatively — and I’m saying this as someone who has been looking by imaging and intra-operatively for over 20 years. What people have

taken for paravaginal defects are *levator* defects, and that’s an entirely different matter: well documented by MR and ultrasound, palpable by anyone with an educated index finger, and occasionally visible in the labour ward.

In my view the author is propagating rumour and hearsay as regards the discredited concept of paravaginal repair. There is enough confusion in the field of prolapse repair already without going back to the confusion of the 1970s and 1980s.

Reference

1. Nieuwoudt A (2008) Surgical footprints, then and now. *Int Urogynecol J* 19:1187–1188 doi:[10.1007/s00192-008-0685-9](https://doi.org/10.1007/s00192-008-0685-9)

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