Modified inside-out transobturator procedure: comment

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Dear Editor,

The study by de Leval et al. points to reassuring efficacy of the proposed modified technique with a shortened TVT-O tape [1]. However, concerning the effect on postoperative groin pain an important confounder has to be highlighted. The adjunct technique of no perforation of the obturator membrane by scissors and/or guide can contribute substantially to the findings of clinically significantly less postoperative groin pain.

After all, this ‘no-touch technique’ can also be applied in the placement of the original TVT-O tape, as we have already been doing for 2 years. Due to different use of anaesthesia techniques it seems that groin pain at day 1 is the most accurate outcome to measure. As stated by the

authors, a randomised trial with groin pain as primary outcome has to be awaited, preferentially with a comparison of the original versus the shortened TVT-O tape and using the same ‘no-touch technique’ for the placement of both tapes.

Reference

1. de Leval J, Thomas A, Waltregny D (2011) The original versus a modified inside-out transobturator procedure: 1-year results of a prospective randomized trial. *Int Urogynecol J* 22:145–156. doi:[10.1007/s00192-010-1264-4](https://doi.org/10.1007/s00192-010-1264-4)

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