Is there any place for a transobturator approach for minisling surgery?

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Dear Editor,

I read with interest Naumann et al.'s article on Ajust in the *International Urogynecology Journal* [1]. At 2 years, 42/51 patients (82.4 %) had their continence fully restored.

I write to draw readers' attention to our 5-year randomized controlled trial study: "Tissue Fixation System (TFS) Minisling vs Transobturator Tape (TOT)" ($n=80$), as reported in 2012 in the *Journal of Urology* [2]. The TFS comprises a polypropylene, macroporous, monofilament mesh strip that has polypropylene soft-tissue anchors on each side, with a one-way tensioning system. The anchors were implanted retropubically, and the TOT was inserted by an outside/in technique. At 5 years, the objective cure rates for TFS and TOT were 83 % and 75 %, respectively ($p=0.029$). Mesh extrusion rate was low: one for each group. Nine from the TOT group (23 %) reported groin pain postoperatively. There were no reports of pain from the TFS group.

It is interesting to note that patients with intrinsic sphincter deficiency (ISD) (<20 cm H₂O on profilometry) were excluded from Naumann et al.'s study [1]. In his 2005 study ($n=36$), the first minisling reported in the literature, Petros [3] reported that 9/10 patients with ISD were 100 % dry postop-

eratively and one was 80 % improved. All results reported included the learning curve.

The TFS is a tensioned sling, so it can be very precisely tensioned after implantation. It is also retropubic. Given the high cure rates for ISD reported with the retropubic TFS, the question needed to be asked is: "Is there any place for a transobturator approach for minisling surgery"?

Conflict of interest None.

References

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