Response to the Letter to the Editor by Waarsenburg et al.

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Dear Editor,

We thank Kim van de Waarsenburg et al. for their interest in our paper [1].

Unfortunately, they have misread our paper, as this was not a randomised trial but an observational prospective study and therefore was not analysed according to intention to treat. All women with symptomatic pelvic organ prolapse (POP) referred to a specialist urogynaecology clinic were offered a choice of pessary or surgery as their first-line treatment.

Women who were excluded because they discontinued pessary use were not necessarily dissatisfied with its use, and the reasons for discontinuation—already in the Results section—are as follows: difficulty retaining the pessary (7), vaginal discomfort (2) and vaginal discharge (3). Although eight women (6 %) did not experience any untoward symptoms, they changed their decision and opted for surgery and were excluded from the analysis.

The 1-year follow-up achieved in our study is better and certainly comparable with most prospective questionnaire follow-up studies [2–6]. This cannot be referred to as “selective loss to follow-up” but represents the real-life situation when women are treated with pessaries or surgery. Moreover, in both groups, almost similar numbers did not complete the 1-year questionnaire (53 and 51, respectively), as shown in Fig. 2 [1].

As pelvic floor dysfunction symptoms are best described in accordance with degree of bother, we used the validated ICIQ questionnaire, which assesses bothersomeness of symptoms

[7, 8]. Our study was not designed to enable interpretation of symptoms on an individual basis; perhaps this is best answered in a qualitative study. Also, the study was designed to assess the cost effectiveness of a primary treatment strategy.

To our knowledge, this is the first prospective study to evaluate comparative outcomes of vaginal pessaries and surgery using the validated ICIQ-VS and ICIQ-UI (SF) questionnaires at 1 year. At this time, the study provides the best available evidence base by which to counsel women.

References

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