

Comment on Stanford et al.: Traditional native tissue vs mesh-augmented pelvic organ prolapse repairs: providing an accurate interpretation of current literature

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Dear Editor,

We read with interest the review “Traditional native tissue versus mesh-augmented pelvic organ prolapse repairs: providing an accurate interpretation of current literature” by Stanford et al. [1].

The authors conclude that the success rate for anterior repair (AR) is at least 73 %, and that “most, however, show a success rate of around 92 %.” We find it difficult to reconcile this statement with both the data reported in this review and our own experience.

In Table 2 Stanford et al. list four prospective randomized trials, at 1–2 years, with a total number of about 330, for anterior colporrhaphy, reporting success rates of 30, 71, 55 and 34.5 %. We consider these figures realistic. They agree with our own published data [2, 3]. The other reported AR studies in Table 2 are retrospective. Only two small retrospective cohorts of 27 and 33 patients report success rates of over 90 %.

We find it hard to understand how the authors could justify their conclusions as quoted above. Is this how we should provide informed consent? Should we tell our

patients that the success rate of AR is “around 92 %”? Is this what the authors would say if called upon to act as expert witnesses?

We’re sorry to say this, but this review is a distortion, rather than “an accurate interpretation of current literature”. It also shows a lack of understanding of the multiple forms of bias that influence the reporting of surgical outcomes in the literature.

References

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An author’s reply to this comment is available at doi:10.1007/s00192-012-1872-2.

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