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LETTER TO THE EDITOR

Re: Renaissance of the autologous pubovaginal sling

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Dear Editor

Reading the recent editorial by Ghoniem and Rizk [1] was enjoyable, as it highlights the current resurrection of the autologous fascial sling procedure in the surgical treatment of stress urinary incontinence in women. The authors have correctly cited the conclusion of the systematic review by Fusco et al. [2], suggesting that, with regard to objective cure rates, synthetic slings might have been superior to Burch colposuspension. I would like to draw the authors' attention to a recent letter and reply [3] that questioned such a conclusion, particularly as the relevant Cochrane review [4] had concluded that there was no significant difference in the objective outcomes between synthetic slings and colposuspension.

The cited systematic review [2] had included a trial of "laparoscopic" colposuspension among the "open" group and had applied meta-analysis to a secondary, rather than the primary, outcome of the Ward and Hilton study [5], the main RCT in the open group. Outcome switching could have been the reason behind a conclusion that is in variance with the Cochrane Review. When meta-analysis was applied solely to the primary outcomes of all relevant and correctly placed RCTs, the conclusion reached by the Cochrane Review was that the objective outcome of the colposuspension procedure is not significantly different from that of synthetic slings (mid-urethral mesh tapes). Therefore, the authors' description of the renaissance may apply to colposuspension and to the autologous pubovaginal sling.

Compliance with ethical standards

Conflicts of interest Wael Agur has received trainer and speaker fees from CR Bard for training surgeons on mesh procedures for incontinence and prolapse, sponsorship from Boston Scientific for training on mesh procedures for prolapse, sponsorship from Neomedic for training on mesh procedures for incontinence, trainer and speaker fees from SEP Pharma, NHS Ayrshire & Arran, and the London Medical Education Academy for training surgeons on non-mesh continence procedures; expert fees from NHS Scotland and various law firms in Scotland, England, USA, and Australia for provision of medicolegal advice, expert report writing and/or appearance in court, on mesh litigation; and institutional research support as principal investigator for the SIMS pilot studies, PROSPECT studies, and VUE studies

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An author's reply to this comment is available at https://doi.org/10.1007/s00192-018-3610-x.

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