



Comments on Letter to the Editor: prolapse reduction deteriorates the urethral closure mechanism

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We thank Dr. Loo Zixi et al. for their comments on our study. The treatment of pelvic organ prolapse (POP) can definitely be a challenging task for us clinicians. How should we treat those with concomitant stress urinary incontinence (SUI), and what about the risk of postoperative SUI? There are several POP reduction methods, and even though our study focuses on the speculum, we know, from previous studies, that all POP reduction methods are associated with low predictive values. Another interesting aspect is that many women who have POP and SUI find that their SUI is either cured or improved after POP surgery alone [1]. We simply cannot predict a single woman's risk of postoperative SUI, just as we cannot predict who will be cured of their SUI after POP surgery alone.

There are different recommendations on how to treat women with bothersome POP and concomitant SUI. Some recommend that these women have incontinence surgery at the time of POP surgery. Some even recommend concomitant incontinence surgery for those who test positive for occult SUI in their preoperative assessment. Others believe in the two-step

approach: POP surgery first, and incontinence surgery at a later stage, should the woman need it. These days, with the mesh debate still going strong [2], the culture might shift towards the more conservative, two-step approach. Therefore, the results of POP reduction tests may be of limited value.

References

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