International Urogynecology Journal (2020) 31:419
https://doi.org/10.1007/s00192-019-04118-1

LETTER TO THE EDITOR

Letter to Editor: "Utility of patient decision aids (PDA) in stress urinary incontinence surgery" by Jha and Duckett 2019

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Received: 21 August 2019 / Accepted: 5 September 2019 / Published online: 9 November 2019

We read the study from Jha and Duckett [1] with interest, and delight at the increasing activity around shared decision-making in urogynaecology. We would like to draw the attention of the authors and readers to the now published validation study [2] of the original patient decision aid (PDA)—upon which Jha and Duckett's version was based. SUI-PDA© itself had been published online in November 2017 [3].

Although the comparison table in the authors' version is comprehensive, it appears somewhat complex. The PDA would be more patient-friendly when the information provided is concise, particularly as, before administering the PDA, the authors had already provided the study participants with the detailed International Urogynecological Association leaflets. In addition, the table figures on efficacy suggest equivalence of colposuspension and sling procedures. Such a suggestion is at variance with the National Institute for Health and Care Excellence Guideline 2019, which confirmed the superior efficacy of the sling procedures.

The July 2018 "mesh pause" appears to have been an unexpected event during the utility study. The Methods section, however, suggests that there might have been plans to assess the impact of such a pause on patient choice. It appears, during the study, that women had been informed of the withdrawal of the most common surgical option they choose on the PDA—the midurethral tape. Such withdrawal had led to a decrease in choice from 50% to only 5%. Under such unusual circumstances, how confident would we be that the study results accurately reflect the impact of a PDA on patient choice?

As the study did not include a control group or before-and-after comparisons, the conclusion that the PDA *reduces* decisional conflict may not accurately reflect the study design. We wondered whether the authors' PDA is available online for patients and clinicians to consider using, and whether further development and/or validation work is planned.

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Author contributions HLO: manuscript writing/editing; IS: manuscript writing/editing; HB: manuscript writing/editing; WA: manuscript writing/editing.

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 Contura/SEP Pharma, NHS Ayrshire and 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, The Republic of Ireland, USA, and Australia for the provision of medico-legal advice, expert report writing and/or appearance in court, on mesh litigation; and institutional research support as principal investigator for the SIMS Pilot, PROSPECT, VUE, and PURSUIT studies. Wael Agur is also a member of an All Party Parliamentary Group on surgical mesh. None of the other authors has any conflicts of interest.

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