



A commentary on “Long-term re-procedure rate after mid-urethral slings for stress urinary incontinence”

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This retrospective study analysed data from women who underwent a mid-urethral sling (MUS) operation in 2000–2006 with follow-up through 31 December 2016. Data were collected from a national hospital register and from hospital patient records. The main outcome, re-procedure for SUI, was defined as a recurrent SUI operation, and the secondary outcomes were complications and re-procedures due to complications. The study included 3531 women: 3286 (93.1%) with RP-MUS and 245 (6.9%) with TO-MUS operations. The median follow-up time was 13.2 years (IQR 11.3–14.7) for the whole sample.

The cumulative number of a new SUI procedures was 16 (0.5%) at 1 year, 66 (1.9%) at 5 years, 97 (2.8%) at 10 years and 112 (3.2%) at 17 years. The risk for a new SUI procedure was higher in the TO-MUS group than in the RP-MUS group (OR

3.6, 95% CI 2.5–5.2 with $p = 0.05$), and the median time until re-procedure was shorter in the TO-MUS group (1.8 years) than in the RP-MUS group (4.6 years, $p = 0.008$). In long-term re-operations for MUS complication ($n = 75$; 2.1%), exposure was the most common cause: 46 cases in the RP-MUS group (1.4%) and 5 in the TO-MUS group (2.0%).

In summary, this study suggests that up to 17 years after a MUS operation, 4.6% of the women have undergone a re-operation, most of which were re-operations for SUI (3.2%). While this study did not include data on women with SUI symptom recurrence that did not elect for reoperation, the reported low rate of re-operation is very reassuring in terms of safety and efficacy of the MUS procedure, which is not congruent with decisions to legislate against mesh when used as a SUI sling.

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