



# Letter to the editor: Impact of postoperative instructions on physical activity following pelvic reconstructive surgery: a randomized controlled trial

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To the Editor,

We read with interest the recent article “Impact of postoperative instructions on physical activity following pelvic reconstructive surgery: a randomized controlled trial” by Divya Arunachalam and co-authors [1]. However, we have several queries. In this study, women undergoing minimally invasive prolapse surgery were included. Most (67.1%) patients underwent laparoscopic sacrocolpopexy; other procedures include laparoscopic and vaginal uterosacral ligament suspension and colpopoiesis. We supposed that patients undergoing these procedures were more likely to have apical prolapse mainly. Women with severe cystocele or rectocele may need a concomitant site-specific repair for anterior or posterior compartment defects.

In our recent study examining women who had single-incision vaginal mesh, anterior vaginal wall defects (67%) were significantly more common than posterior wall (10%) or apical defects in the general population (25%) [2]. Therefore, we would like to know the percentage of women with multi-compartment prolapse included in this study and if there is any selection bias.

The article states that short-term anatomical outcomes at 6 weeks, as measured by the leading edge of prolapse based on the POP-Q system, had no difference in this study. Although the anatomical correction was not the primary result in this study, we believed that a 6-week follow-up was too short to discriminate the discrepancy of anatomical correction in the two groups. We would sincerely like to know the longer result at 6–12 months following surgery, especially in those with significant anterior/posterior compartment prolapse without mesh augmentation. Will it result in higher recurrences in those with significant anterior/posterior compartment prolapse without mesh augmentation when there is no restriction in postoperative physical activity? The relationship between surgical outcomes and postoperative physical activity remains exploratory.

## Compliance with ethical standards

**Conflict of interest** None.

## References

1. Arunachalam, D. and M.H. Heit, Impact of postoperative instructions on physical activity following pelvic reconstructive surgery: a randomized controlled trial. *Int Urogynecol J.* 2020.
2. Lin KL, et al. Evaluation of single-incision apical vaginal suspension for treatment of pelvic organ prolapse. *Eur J Obstet Gynecol Reprod Biol.* 2020;247:198–202.

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