A commentary on “Long-term outcomes after sacrocolpopexy with or without transobturator tape”

Alexandra Dubinskaya¹

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Although sacrocolpopexy (SCP) is considered the gold standard procedure to treat apical prolapse, women have a high risk of developing, and/or worsening of, postoperative stress urinary incontinence (SUI) even without preexisting SUI. This study compared 5-year outcomes including SUI and pelvic organ prolapse (POP) in women who underwent SCP performed with concomitant transobturator tape (TOT) and without TOT. Results of this study showed concomitant TOT could reliably address SUI at the time of SCP and highlighted the effect of TOT on POP recurrence rates.

In this planned secondary analysis of a prospective, observational study comprised of women who, after completion of PFDI-20, physical examination including POP-Q, and multichannel urodynamics, underwent open or laparoscopic SCP with or without TOT, based on presence or

absence of SUI. Scheduled in-person follow-up occurred at 1, 4, and 12 months, then annually until 5 years. At each appointment the same procedures except urodynamics were performed. Five years after surgery, investigators compared the presence or absence of SUI and POP. In both groups SUI success decreased; however, a gradual decline was noted in the TOT group, and in the non-TOT group success decreased abruptly in the first 6 months with a subsequent gradual decrease thereafter. The POP success rates gradually decreased during the follow-up period in both groups and were not affected by concomitant TOT.

This study showed that TOT is a reliable option for treatment of SUI at the time of SCP. The POP failure rate of SCP is not affected by TOT.

✉ Alexandra Dubinskaya
a.dubinsky.md@gmail.com

¹ St. Francis Hospital and Medical Center, Hartford, CT, USA