



Response to letter to the editor

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Thank you for your questions and comments. To address your first question about the baseline stage of prolapse of the women included in our study, the majority of patients (>50% in both groups) had stage III prolapse, as demonstrated in Table 1 [1]. At our institution, the laparoscopic sacrocolpopexy is generally the reconstructive procedure of choice for correcting stage III or greater prolapse, regardless of the compartment affected. With regard to your second question pertaining to our longer term anatomical outcomes, we did not evaluate for longer than 6 weeks, as the postoperative instructions were only provided in our study for the first 6 weeks after surgery. Given that activity did not differ based on the instruction group at 6 weeks after surgery, one would hypothesize that it is unlikely that activity would differ between groups over a longer period of time. The relationship between the long-term effects of postoperative activity

instructions and their potential influence on anatomical outcomes warrants further study.

Compliance with ethical standards

Conflicts of interest None.

Reference

1. Arunachalam D, Heit MH. Impact of postoperative instructions on physical activity following pelvic reconstructive surgery: a randomized controlled trial. *Int Urogynecol J*. 2020. <https://doi.org/10.1007/s00192-020-04239-y>.

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