Re: Letter to the editor: Update in native tissue vaginal vault prolapse repair

Andrea Braga¹ · Maurizio Serati^{2,3} · Andrea Papadia⁴ · Giorgio Caccia¹

Received: 10 August 2020 / Accepted: 19 August 2020 / Published online: 11 September 2020
© The International Urogynecological Association 2020

Dear Editor,

We really appreciated the interesting comments reported in the Letter to the Editor by Husby et al. about our study: Update in native tissue vaginal vault prolapse repair [1].

First of all, we would clarify that this paper is a “Clinical Opinion” based both on our clinical experience and on the current evidence from recent literature on native tissue vaginal vault prolapse repair. We agree with the authors that the new surgical techniques should be introduced in accordance with international guidelines to ensure the safety of the patients.

However, iliococcygeus fixation (ICF) is not a new surgical procedure. It was introduced by Inmon in 1963 and popularized by Shull in 1993. Although prospective randomized control studies, comparing ICF with other techniques, are needed, several studies showed that this technique is a safe and effective option for the treatment of vaginal vault prolapse [2, 3].

The FDA notifications in 2011, about the use of surgical mesh for the transvaginal repair of pelvic organ prolapse, highlighted the need to continue developing and improving native tissue repair and reporting native tissue techniques that offer good outcomes [4]. ICF seems to guarantee very satisfying subjective and objective cure rates, with at least 5-years of follow-up [3].

“Firstly do no harm,” said Hippocrates. Since only occasional and temporary complications related to the ICF procedure have been reported, in “our opinion,” the ICF procedure may be recommended as a first approach to vaginal vault prolapse repair, in elderly/frail women and in patients with comorbidities.

Compliance with ethical standards

Conflicts of interest None.

References

1. Braga A, Serati M, Salvatore S, et al. Update in native tissue vaginal vault prolapse repair. *Int Urogynecol J*. 2020. <https://doi.org/10.1007/s00192-020-04368-4>.
2. Milani R, Cesana MC, Spelzini F, et al. Iliococcygeus fixation or abdominal sacral colpopexy for the treatment of vaginal vault prolapse: a retrospective cohort study. *Int Urogynecol J*. 2014;25:279–84.
3. Serati M, Braga A, Bogani G, et al. Iliococcygeus fixation for the treatment of apical vaginal prolapse: efficacy and safety at 5 years of follow-up. *Int Urogynecol J*. 2015;26(7):1007–1.
4. Food and Drug Administration. FDA safety communication: UPDATE on serious complications associated with transvaginal placement of surgical mesh for pelvic organ prolapse. Silver Spring (MD): FDA, 2011. Available at: <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm262435.htm>. Retrieved 7 January 2012.

✉ Andrea Braga
andybraga@libero.it

¹ Department of Obstetrics and Gynecology, EOC—Beata Vergine Hospital, Università della Svizzera Italiana, Via Turconi 23 CP 1652, 6850 Mendrisio, Switzerland

² Department of Obstetrics and Gynecology, Del Ponte Hospital, University of Insubria, Varese, Italy

³ European Urogynaecological Association (EUGA), Varese, Italy

⁴ Department of Obstetrics and Gynecology, EOC—Civico Hospital, Università della Svizzera Italiana, Lugano, Switzerland

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.