



Re: Letter to editor: Surgical technique used in the UK for native tissue anterior pelvic organ prolapse repair (VaST)

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We thank the authors for their interest in and support of the findings in our paper, Surgical technique used in the UK for native tissue anterior pelvic organ prolapse repair, VaST [1]. We agree that apical support is important and if required can improve the success of anterior repairs [2].

We do not support the statement by Hoover et al. that “it truly is all about the apex”. We have done further research work, which we hope to publish in the near future [3]. It demonstrated that, when controlling for confounding factors, including apical support, that there were aspects of the technique of the anterior repair procedure that influenced outcome. These were the depth of dissection and methods of “fascial” repair [3].

The authors have outlined their preferred surgical techniques for supporting apical prolapse; however, the Cochrane review assessing apical support showed that sacrocolpopexy had less postoperative POP awareness, recurrence on examination, repeat surgery for POP, postoperative stress incontinence and dyspareunia compared with a vaginal approach [2].

The choice of the approach to apical support, either vaginal or abdominal, will of course be dependent on both surgeons’ and patients’ preferences. For an informed decision, it is important that women discuss all options for apical support and

in the UK a number of decision aids have been made to assist this process [4].

Declarations

Conflicts of interest None.

Ethical approval Ethical approval was gained from the Sunderland Ethics Committee (REC number: 13/NE/0158, 29/05/13).

References

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