



# Letter to the editor: absorbable versus non-absorbable sutures for vaginal mesh attachment during sacrocolpopexy: a randomized controlled trial

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Received: 1 April 2022 / Accepted: 9 April 2022 / Published online: 1 June 2022  
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To the Editor,

We read the recent article “Absorbable versus non-absorbable sutures for vaginal mesh attachment during sacrocolpopexy: a randomized controlled trial” published in *International Urogynecology Journal* by Christl Reisenauer [1]. This impressive article helped us to quickly discover the anatomical success and functional outcome of these two types of urogynecological surgery. However, after we reviewed the article, we have some questions.

First, the article demonstrated that three suture penetrations into the vagina were observed in the Ethibond group. In our own experience, abdominal sacrocolpopexy carried a lower risk of vaginal suture penetration than laparoscopic sacrocolpopexy. We can specifically identify tissue and suture location because of abdominal surgery. The article did not mention laparoscopic or abdominal surgery in these penetration cases. Therefore, we wondered which type of surgery was carried out for these three cases.

Second, 10 women experienced stress urinary incontinence (SUI), whereas 1 woman had persistent overactive bladder (OAB), and were all recorded as postoperatively adverse events. After reviewing papers, the rate of 26.6% and 11.3% respectively that occurred in de novo SUI and de novo OAB were recorded in previous studies [2]. In the article, we are curious about such a low rate of de novo SUI and de novo OAB. The fact may be that the subjects mainly suffer from mild to moderate pelvic organ prolapse (POP). Even in transvaginal mesh (TVM) surgery for POP, 12% of de novo SUI was still reported in our recent study [3]. Therefore, we

think that these results cannot reflect the actual outcome in sacrocolpopexy surgery.

To sum up, sacrocolpopexy surgery has become more and more popular, and hence, more research should be carried out.

## Declarations

**Conflicts of interest** None.

## References

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