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EDITORIAL

# IUJ Editorial

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I was thrilled when the *International Urogynecology Journal* accepted my application to serve as a Co-Editor, as it is a tremendous privilege to participate in the process of reporting medical evidence. Having accumulated some writing experience as a history major in college, the only part of research that comes easily to me is the preparation of papers. In the past 9 months in this new role, I have made it my personal mission to lend as much help as possible to submissions with sound methodology from junior investigators, particularly those who don't speak English as their first language. I like to provide editorial comments and writing assistance that hopefully increase the chance of acceptance to the journal. I am also deeply committed to equalizing the publication gap between men and women and wish to do my part in mentoring women in their scientific endeavors. I encourage all budding investigators who have an interest in a urogynecology project to find an IUGA mentor to help you with study design. If you have good methods, the writing piece can easily be assisted.

My area of research expertise is in conducting surgical trials, including outcomes of sacrocolpopexy. Since the transition away from transvaginal mesh for pelvic organ prolapse repair over the past 5-10 years, we have been seeing more widespread utilization of the "gold-standard" minimally invasive sacrocolpopexy using lightweight polypropylene mesh. A recent Cochrane review on apical prolapse procedures that included seven randomized trials again concludes that it is the most efficacious procedure for prolapse repair [1]. In large measure, I have generally agreed with this evidence. We recently reported a 95% success rate at > 5 years for women with advanced uterovaginal prolapse who underwent total laparoscopic hysterectomy and sacrocolpopexy (American Urogynecology Society Annual Meeting, 2023). However, the recently reported Dutch randomized trial of sacrospinous fixation versus laparoscopic sacrocolpopexy found no difference in patient-reported outcomes at 12 months after surgery [2]. Time will tell if durability remains equivalent.

We must acknowledge that "always" and "never" play little role in medical decision making and it is plausible that the gold standard is losing some of its glimmer. In the extended PACT trial, our 95% success rate came at the price of a slowly rising rate of mesh exposure over time (under publication review). Although uncommon, serious adverse events, such as bowel and vascular injury, small bowel obstruction, mesh erosion, and sacral discitis are all more common in women undergoing sacrocolpopexy than in those undergoing extraperitoneal apical suspension procedures. Modifications and innovations to abdominal repairs, particularly with the advent of VNOTES and the use of the pectineal ligament (pectopexy) for apical attachment, may ultimately improve outcomes. Regardless, intraperitoneal operations occur in real estate that is more costly if something goes wrong. As I currently manage a small bowel obstruction in a very active 80-year-old golf fanatic who made the joint decision to proceed with a robotics-assisted sacrocolpopexy, I wonder how wise my counsel to her really was. Additional work is needed to really understand who benefits from any surgical choice.

When proposing important topics for special collections of the *International Urogynecology Journal*, I naturally proposed sacrocolpopexy, or any variant of an abdominal mesh-based repair, as a subject of interest to the membership at present. We have a responsibility to carefully shepherd this operation moving forward, seeking best practice for when it should be performed. I will serve as the Chief Editor for this collection and invite you to submit relevant work, in the form of randomized trials, cohort studies, case series describing procedural innovations, or simply interesting videos that are accompanied by some data (Sacrocolpopexy | SpringerLink). Selected articles will appear in a dedicated online collection ahead of print, as per any routine submission, so as not to delay access to important results.

May we all continue to approach our profession with curiosity and a desire to closely observe and reflect on how we surgically approach pelvic organ prolapse.

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