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Editorial Comment on: Correction of Erosion after Suburethral Sling Insertion for Stress Incontinence: Results and Related Sexual Function

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Functional outcomes for incontinence and pelvic organ prolapse interventions have historically been poorly assessed in the medical literature. The last decade has seen tremendous advances in the reporting of outcomes for primary symptoms (eg, stress incontinence), which promulgated the interventions. General recognition of the need to report criteria for both objective (physical examination, urodynamic, pad testing, diary reporting) and subjective (quality of life, general and specific patient approbation indices) outcomes related to these primary symptoms has also become manifest. Many of the recent contributions to improving outcomes reporting in this field have actually come from the enhanced ability to capture subjective patient responses to the intervention in terms of the primary symptomatic indication. What has become clear is that subjective outcomes are often strongly influenced by issues outside of the primary symptomatic indication. It has been recognized, for example, that persistent and de novo urgency with or without urge incontinence significantly detracts from overall patient subjective appraisal of the intervention in question [1].

The multivariate aspect of the complexity of subjective outcome assessment is further amplified by the relatively recent appreciation of the impact of sexual function on overall patient satisfaction. Obviously, sexual functional can be quite adversely affected by those symptoms that

actually lead the woman to seek therapy for her pelvic floor condition (incontinence and/or prolapse). The development or exacerbation of sexual dysfunction postintervention, while feared, has heretofore been relatively underappreciated. In this month's journal, Kuhn et al assess the impact of surgically implanted mesh erosion on sexual function and the subsequent general improvement in function associated with correction of the erosion [2]. This improvement was captured using a standardized instrument, which, surprisingly, demonstrated improvement in most but not all domains.

So, what does the pelvic floor surgeon deduce from these results? The importance of global assessment of the presenting vignette is clear, as is the essential necessity to inform the patient of aspects of her life that may be positively, or perhaps adversely, affected [3]. Caveat emptor.

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