

## Platinum Priority

**Reply from Authors re: Firouz Daneshgari. Tension-free Vaginal Tape and Beyond: Our Challenges and the Future of Anti-incontinence Therapy. Eur Urol 2012;61:947–8**

**Surgical Treatment of Stress Urinary Incontinence: Work in Progress?**

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We really appreciated the intriguing and very interesting comments reported in the full-length editorial by Daneshgari [1] about our study of efficacy and adverse events of tension-free vaginal tape (TVT) at 10-yr follow-up [2].

In our opinion, two possible interpretations of our study findings could exist. On the one hand, we think that both a long-term satisfaction rate and a nearly 90% objective cure rate should be considered very encouraging results. Moreover, both the absence of serious adverse events and a decreasing de novo overactive bladder (OAB) rate throughout the 10-yr follow-up period (from 30% to 18.9%) could demonstrate that the TVT procedure is well tolerated by patients.

On the other hand, Daneshgari's interpretation is also plausible, underscoring the limits of this procedure for the treatment of stress urinary incontinence (SUI). It is true that TVT has lower efficacy in obese incontinent women and is associated with a non-negligible incidence of de novo OAB; however, 10 yr after this surgical procedure, the vast majority of women still appear satisfied and do not require any other intervention.

In our opinion, Daneshgari reached a very instructive conclusion: We cannot be totally satisfied with the actual surgical treatment of SUI, thus our research should be focused on the pathophysiology of this condition and our main objective should be the development of a more optimal surgical approach.

It is undeniable that because midurethral slings currently represent the most effective and popular surgical treatment for SUI, they are considered the gold standard [3,4]. It is also undeniable that the retropubic approach can be associated with the risk of bladder perforation and of potentially fatal bowel and vascular injuries [5,6]. Concerning this, some recent meta-analyses and randomized trials showed that, in comparison with retropubic procedures, the transobturator midurethral sling could have significantly lower serious adverse events and voiding dysfunction, ensuring similar cure rates and subjective satisfaction [7,8]. This could be an

example of efficacious evolution of our research in the surgical treatment of SUI.

In contrast, the introduction of the single-incision minisling failed to achieve similar cure rates, minimizing all other sling complications (eg, OAB de novo, voiding dysfunction, pain). A recent, very well-performed meta-analysis on this issue clearly showed that these procedures are associated with significantly inferior subjective and objective cure rates when compared with standard midurethral slings [9]. This could be an example of nonefficacious research evolution.

About 200 yr ago, Alessandro Manzoni, a great Italian writer, observed that it is better to be tormented by doubts than to run the risk of lying with the wrong conviction. During the "midurethral era," in 2009, we cited this observation to emphasize that it was anachronistic and not realistic to publish articles proposing the Burch colposuspension as the gold standard on this topic. We think that this should be the real message of both our article on TVT at 10-yr follow-up [2] and of the editorial by Daneshgari [1], regardless of the possible different opinions and interpretations. Even if midurethral slings are an efficacious and safe treatment for SUI, we still need strong research to improve the outcomes of SUI surgical treatment.

**Conflicts of interest:** The authors have nothing to disclose.

## References

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