Gopal Badlani *

Department of Urology, Wake Forest University, Winston-Salem, NC, USA

* Department of Urology, Wake Forest University, Medical Center Boulevard, Winston-Salem, NC 27157, USA.
E-mail address: gbadlani@wakehealth.edu.

0302-2838/© 2022 Published by Elsevier B.V. on behalf of European Association of Urology.
https://doi.org/10.1016/j.eururo.2022.12.032

Re: Single-incision Mini-slings for Stress Urinary Incontinence in Women

Abdel-Fattah M, Cooper D, Davidson T, et al.

N Engl J Med 2022;386:1230–43

Experts' summary:
In this pragmatic, noninferiority, randomized trial, Abdel-Fattah et al compared the efficacy and safety of newer single-incision mini-slings (SIMS; mainly Ajust from C.R. Bard and Altis from Coloplast) to traditional mid-urethral slings (MUS; retropubic or transobturator) in women with predominant symptoms of stress urinary incontinence. After randomization, a total of 298 patients for each group were assigned to receive SIMS or MUS in 21 UK hospitals. The authors showed that the patient-reported subjective success, assessed using the Patient Global Impression-Improvement questionnaire, was noninferior in the SIMS group in comparison to the MUS group (79.1% vs 75.6%) at 15-mo follow-up. These data remained similar in the two groups at 36-mo follow-up. The rates of mesh exposure and dyspareunia and the percentage of women who underwent further surgery for any reason were higher in the SIMS group than in the MUS group.

Experts' comments:
The use of transvaginal mesh for stress urinary incontinence (SUI) has been widely questioned in recent years, although strong evidence supporting its use has been reported [1]. The major criticisms that prompted the British government to announce a pause on the use of mesh for SUI were the lack of long-term durability and the rate of mesh-related complications. The introduction of SIMS was intended to guarantee similar cure rates with a lower complication rate in comparison with MUS. In a well-conducted review and meta-analysis, the same group [2] found no evidence of significant differences between SIMS and MUS in subjective and objective cure rates, despite a trend towards more favorable outcomes in the MUS group. Moreover, the authors failed to demonstrate that SIMS are associated with a lower complication rate in terms of vaginal tape erosion or repeat continence surgery. In this interesting and well-performed randomized trial, Mostafa et al [2] confirmed the good efficacy of SIMS at short-term follow-up, but reported a higher rate of mesh exposure requiring subsequent surgery in the SIMS group (2.5% vs 1.1%). A need for further surgery for recurrent SUI (4.3% vs 2.3%) and pain (2.5% vs 0.8%) has also been reported. In addition, dyspareunia was more common in the SIMS group.

We appreciate the authors' efforts in leading a high-quality study that will extend to 10-yr follow-up. However, in light of these latest results, the question arises as to whether it is worth continuing on in this way. Shouldn't we focus on other alternative approaches?

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

References

[1] Ugianskiene A, Davila GW, Su TH. FIGO Urogynecology and Pelvic Floor Committee. FIGO review of statements on use of synthetic mesh for pelvic organ prolapse and stress urinary incontinence. Int J Gynecol Obstet 2019;147:147–55.
[2] Mostafa A, Lim CP, Hopper L, Madhuvrata P, Abdel-Fattah M. Single-incision mini-slings versus standard midurethral slings in surgical management of female stress urinary incontinence: an updated systematic review and meta-analysis of effectiveness and complications. Eur Urol 2014;65:402–27.

Andrea Braga [a,b,*]
Maurizio Serati [c]

[a] *Department of Obstetrics and Gynecology, EOC-Beata Vergine Hospital, Mendrisio, Switzerland*
[b] *Faculty of Biomedical Sciences, Università della Svizzera Italiana, Lugano, Switzerland*
[c] *Department of Obstetrics and Gynecology, Del Ponte Hospital, University of Insubria, Varese, Italy*

* Corresponding author. Department of Obstetrics and Gynaecology, EOC Beata Vergine Hospital, Via Turconi 23 CP 1652, 6850 Mendrisio, Switzerland.
E-mail address: andrea.braga@eoc.ch (A. Braga).

https://doi.org/10.1016/j.eururo.2022.12.017