

19. Rac G, Younger A, Clemens JQ, et al. Stress urinary incontinence surgery trends in academic female pelvic medicine and reconstructive surgery urology practice in the setting of the food and drug administration public health notifications. *Neurol Urodyn*. 2017;36:1155–1160. <https://doi.org/10.1002/nau.23080>. Epub 2016/07/28. PubMed PMID: 27460448.
20. Tenggardjaja CF, Moore CK, Vasavada SP, et al. Evaluation of patients' perceptions of mesh usage in female pelvic medicine and reconstructive surgery. *Urology*. 2015;85:326–331. <https://doi.org/10.1016/j.urology.2014.08.058>. Epub 2015/01/28. PubMed PMID: 25623677.
21. Souders CP, Eilber KS, McClelland L, et al. The truth behind transvaginal mesh litigation: devices, timelines, and provider characteristics. *Female Pelvic Med Reconstr Surg*. 2018;24:21–25. <https://doi.org/10.1097/SPV.0000000000000433>. Epub 2017/06/29. PubMed PMID: 28657986.

EDITORIAL COMMENT

The current use of the mid urethral synthetic sling has been based on over 20 years of experience and multiple retrospective and prospective studies. The Food and Drug Administration notification in 2011 on vaginal mesh use did have a collateral effect on the use of midurethral slings (MUSs) as the authors point out. This effect seemed to have occurred nationally as well. It remains unclear as to how the trend was reversed: if it was simply a matter of less negative advertising on mesh or hopefully the American Urogynecologic Society /Society for Urodynamics Female Pelvic Medicine and Urogenital Reconstruction statements and its use in office counseling sessions. The other options for stress incontinence in women tend to be suboptimal for a variety of reasons. Pelvic floor exercises, vaginal inserts, and urethral bulking agents have some early efficacy, however, poor long-term compliance. Despite good efficacy, the use of the autologous pubovaginal fascia sling remains infrequently used due to its morbidity and at times unpredictable outcomes (eg voiding dysfunction etc.) Regardless, the consent process and counseling on the pros and cons of mesh based MUSs is more lengthy and detailed today than in the past. The MUS (despite some infrequent unique complications) has some of the best, most reliable, and durable outcome measures available in the literature. What remains unclear is what a woman does to help her leakage if she chooses to not seek evaluation for her stress urinary incontinence based simply on negative advertising.¹⁻³

Sandip Vasavada, Center for Female Pelvic Medicine and Reconstructive Surgery, Cleveland Clinic Glickman Urological Institute, Cleveland, OH

References

1. Kobashi KC, Albo ME, Dmochowski RR, et al. Surgical treatment of female stress urinary incontinence: AUA/SUFU Guideline. *J Urol*. 2017. pii: S0022-5347(17)74857-4.
2. Tenggardjaja CF, Moore CK, Vasavada SP, Li J, Goldman HB. Evaluation of patients' perceptions of mesh usage in female pelvic medicine and reconstructive surgery. *Urology*. 2015;85:326–332.
3. Ford AA, Rogerson L, Cody JD, Aluko P, Ogah JA. Mid-urethral sling operations for stress urinary incontinence in women. *Cochrane Database Syst Rev*. 2017;7:1–287.

<https://doi.org/10.1016/j.urology.2019.04.052>
UROLOGY 131: 76, 2019. © 2019 Elsevier Inc.

AUTHOR REPLY

Thank you for your insight and the authors agree with your comments. We agree that it is difficult to ascertain the direct role media sources played on patient decision-making in this retrospective study. Overall, the American Urogynecologic Society /Society for Urodynamics Female Pelvic Medicine and Urogenital Reconstruction statements have made preoperative counseling visits more productive and helps the surgeon dispel some of the negative connotations associated with synthetic mesh products. As you mentioned, the synthetic midurethral sling has endured collateral damage from prior Food and Drug Administration notifications on transvaginal mesh. It will be interesting to see if the Food and Drug Administration's recent order to manufacturers of all remaining surgical mesh products indicated for transvaginal repair of pelvic organ prolapse to stop selling and distributing their products in the United States immediately, will have an equally deleterious effect on midurethral sling utilization despite our best efforts to educate our patients.¹

Ricardo Palmerola, Departments of Urology and Obstetrics & Gynecology, New York University, New York, NY

Reference

1. Food and Drug Administration. <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/default.htm>. Accessed June 5, 2019.

<https://doi.org/10.1016/j.urology.2019.04.053>
UROLOGY 131: 76, 2019. © 2019 Elsevier Inc.