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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 Foods 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]

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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 Foods and Drug Administration notifications on transvaginal mesh. It will be interesting to see if the Foods 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]

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