

## URINARY INCONTINENCE

### Relative efficacy of sling procedures: question answered

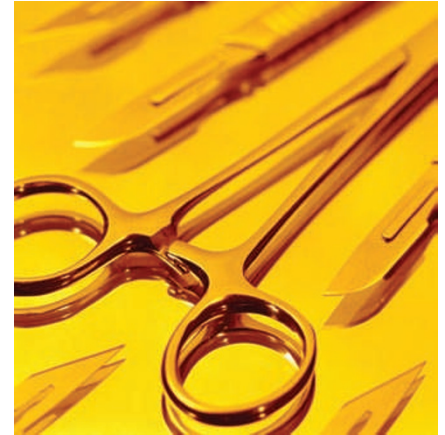
Two surgical techniques used to treat female stress urinary incontinence (SUI) are similarly effective, concludes a new randomized trial. Inserting tension-free vaginal tape via the classic retropubic route—a procedure introduced in the mid 1990s—achieved outcomes comparable to insertion of tape via the transobturator route, a less-invasive technique first performed in 2001. “Both techniques have equally good cure rates in cases of grade I and II SUI,” notes senior author Konrad Futyma from the Medical University of Lublin in Poland.

For the majority of women whose SUI has not responded to conservative treatment, surgical placement of a sling provides substantial symptomatic relief. These procedures are not, however, without risk; perforation of the bladder and urethra during retropubic placement was one of the catalysts that drove development of the transobturator

technique. The latter is a less-invasive approach, but whether it results in equally effective symptom resolution—particularly for patients with intrinsic sphincter deficiency (ISD)—had not been stringently assessed.

Futyma and colleagues followed 396 women with SUI for 18 months after half were randomly assigned to undergo a retropubic sling procedure and half to tape placement via the transobturator route. The outcomes assessors, who were blinded to procedure type, found few differences between the groups in terms of clinical efficacy (about 75% cure rate) or incidence of complications—except that bladder injury was more common in the retropubic group (6.5% compared with 0%).

The one notable difference was among women with severe SUI plus ISD; the retropubic sling procedure was more likely to result in cure in this group. “We conclude that in grade III SUI, in which



there is ISD, the retropubic route should be considered despite a greater risk of bladder injury,” states Futyma. His team now plans to extend the follow-up period to 5 years, and to investigate how obesity and ageing influence the outcome of both types of surgery.

*Kathryn Senior*

**Original article** Rechberger, T. *et al.* The clinical effectiveness of retropubic (IVS-02) and transobturator (IVS-04) midurethral slings: randomized trial. *Eur. Urol.* 56, 24–30 (2009).