INCONTINENCE

Sling when you're winning—determining the value of repeat surgery after failed midurethral sling

The clinical value of repeat surgery after primary sling failure in women with stress urinary incontinence (SUI) is a topic of considerable discussion. The debate continues with two recent publications in the *International Urogynecology Journal* adding further evidence to the field.

For the first study, a team at the Cleveland Clinic in Florida reviewed 637 patients who had undergone sling surgery for SUI (with intrinsic sphincter deficiency [ISD]) between 2003 and 2010. 87% of patients underwent primary sling surgery and 13% underwent repeat sling procedures. After a mean follow-up duration of 66.5 weeks, 81% of primary slings were deemed successful, compared with only 55% of repeat sling procedures carried out after primary failure. Indeed, women receiving their second sling were 3.4-fold more likely to fail surgery, and 30% of this group required postoperative urethral bulking, compared with only 8.6% of the primary sling group.

The selection of patients with ISD—who are more likely to experience sling failure—enables the authors to apply their results specifically to this difficult-to-treat population and provide more accurate treatment advice for such women. Overall, the authors concluded that repeat slings are associated with reduced success rates compared with primary surgery. Furthermore, transobturator ($n = 132$), retropubic ($n = 174$) and tensioned pubovaginal slings ($n = 331$) were all used in this cohort, with pubovaginal sling surgery being the most successful. These data add to the body of evidence suggesting that transobturator sling is not a recommended therapy for first-line treatment of ISD. The authors recommend a prospective randomized trial before strong conclusions are drawn.

The second study reviewed 80 women who underwent repeat midurethral sling surgery between 2000 and 2009. Patients received either a transobturator sling (33%),

retropubic sling (31%), or minisling (20%). Subjective cure was reported in 61% of patients, with 74% reporting subjective improvement. No difference was found between sling types; however, 5% of slings were 'biological', using Pelvicol™ (C. R. Bard, NJ, USA), and over 50% of patients who received a biological sling were dissatisfied.

Despite reporting similar repeat success rates to the previous study, these authors were more positive, concluding that repeat sling surgery should be offered to women in whom primary surgery has failed. It seems the debate regarding repeat sling surgery is set to continue.

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Original articles Smith, A. L. *et al.* Repeat versus primary slings in patients with intrinsic sphincter deficiency. *Int. Urogynecol. J.* doi:10/1007/s00192-012-1953-2
| Verbrugghe, A. *et al.* A repeat mid-urethral sling as valuable treatment for persistent or recurrent stress urinary incontinence. *Int. Urogynecol. J.* doi:10/1007/s00192-012-1971-0