

# Midurethral slings have low failure rates in long term follow-up.

Transobturator slings have higher risk of requiring reoperation for SUI when compared to retropubic slings.

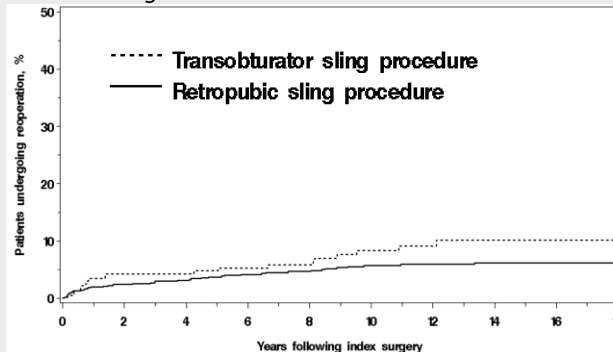
**Introduction:** midurethral slings are the mainstay surgical treatment for SUI. The transobturator approach was introduced to reduce risk of bladder perforation and voiding dysfunction. Current evidence indicate comparable efficacy and safety for both approaches in the short term.

**Aim:** Extended investigation of patients with transobturator and retropubic midurethral slings.

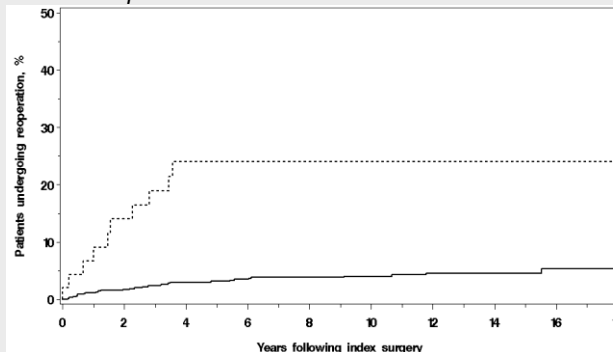
**Methods:** Cohort of 1,881 patients (1,551 with retropubic slings and 330 with transobturator slings). Covariate-matched cohort: 570 retropubic slings matched to the 330 transobturator slings.

*Cumulative Incidence of Reoperation, Stratified by Procedure Type.*

*Isolated slings*



*Combined procedures*



## Results:

- Median follow-up was 11.1 years.
- Higher risk of reoperation with transobturator compared with retropubic (full cohort: hazard ratio [HR], 2.29 [95% CI, 1.49-3.54];  $P<.001$ ; covariate-matched cohort: HR, 1.91 [95% CI, 1.15-3.17];  $P=.01$ ).
- Higher risk for women undergoing the procedure combined with prolapse repair (full cohort: HR, 6.34 [95% CI, 3.09-13.02];  $P<.001$ ; covariate-matched cohort: HR, 3.96 [95% CI, 1.35-11.58];  $P=.01$ ).
- Higher rates of reoperation for urinary retention in the retropubic group (covariate-matched cohort: HR, 8.39 [95% CI, 1.11-63.22];  $P=.04$ ).

**Discussion:** Both types of slings are safe and effective treatment options for stress urinary incontinence with overall low rates of reoperation for stress urinary incontinence as well as complications.

Women who had transobturator slings had significantly greater risk of reoperation for recurrent SUI when compared to those in the retropubic group.

The higher rate of reoperation was largely driven by the combined sling/prolapse procedure group.

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