

## **CURRENT PRACTICES IN THE SURGICAL MANAGEMENT OF FEMALE STRESS URINARY INCONTINENCE (SUI): A SURVEY OF CANADIAN UROLOGISTS AND GYNECOLOGISTS**

### Hypothesis / aims of study

Midurethral mesh slings are considered the 'gold standard' for the surgical treatment of female SUI. Complications such as chronic pain and mesh erosion have led to Health Canada and U.S. Food and Drug Administration (FDA) issued warnings regarding the use of pelvic floor mesh for the treatment of SUI. The goals of this project were to assess the current practices of Canadian urologists and gynecologists when surgically managing female SUI and to assess the impact of these warnings on the use of midurethral mesh slings. We also sought to determine if there were differences in the practices of Canadian urologists versus gynaecologists.

### Study design, materials and methods

A 31 question online survey was created using Opinio software. Questions were designed by the study authors to address the primary goals of the study. Prior to online distribution, the survey was reviewed by ten local urologists to assess the validity of the survey. The survey was distributed via email to members of the Canadian Urological Association (CUA) and Society of Obstetricians and Gynecologists of Canada (SOGC) who were actively practicing urologists and gynecologists in Canada, respectively. One reminder survey was distributed 2 weeks later. Survey responses were anonymous. Descriptive statistics were used to analyse baseline characteristics. Differences between urologists and gynaecologists were analysed using a student's t-test for continuous variables and a Fisher's exact test for categorical data.

### Results

The survey was sent to 523 urologists and 595 gynecologists with a response rate of 19% (n=207). Seventy-two percent of respondents reported that they treat SUI. Midurethral mesh slings were the most commonly used technique, performed by 91% of those who treated SUI. Of the 91%, half reported using a retropubic approach while half used a transobturator approach most frequently. Of respondents, 87% were aware of Health Canada and/or FDA statements regarding the use of mesh for SUI. Eighty-six percent reported that patients had voiced concerns with the use of mesh slings. Sixty-six percent of those using mesh slings had changed the way they counsel patients prior to surgery. Many respondents had changed the way they surgically manage SUI including: 14% because of Health Canada and/or FDA statements (16% urologists vs. 13% gynecologist, p=0.60), 34% because of patient concerns (31% urologists vs. 36% gynecologists, p=0.57) and 14% because of fear of litigation (13% urologists vs. 15% gynecologists, p=0.80). Overall, 6% had stopped using mesh slings (0% of urologists vs. 9% of gynecologists, p=0.004).

### Interpretation of results

Our survey findings found that midurethral slings are still the most commonly performed surgery for female SUI in Canada. This is in keeping with the literature suggesting it is the 'gold standard' for SUI surgical options. Our results show that most survey respondents are aware of the recent Health Canada and/or FDA concerns regarding the use of pelvic floor mesh for SUI and that these warnings have had an impact on the way urologists and gynaecologists counsel patients prior to undergoing surgery. A small number of respondents (all gynaecologists) report stopping the use of mesh slings for SUI. Our findings are encouraging that patients are still being offered the 'gold standard' treatment for SUI, but are also being informed of the potential risks and complications in keeping with Health Canada and/or FDA concerns. There remain a subset of respondents who were unaware of the Health Canada and/or FDA statements which is concerning. Our study is limited by the low response rate to our online survey.

### Concluding message

Midurethral mesh slings remain the most commonly performed surgery for SUI. Most respondents have changed the way they counsel patients prior to undergoing mesh placement but have not changed the way they surgically manage SUI. There were minimal differences between gynecologists and urologists but more gynecologists than urologists have stopped using mesh for the treatment of SUI.

### Disclosures

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