

Surgeons' views on sling tensioning during surgery for female stress urinary incontinence

Cita:

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Abstract

Introduction

and

hypothesis

Little is known regarding the use of various techniques for sling tensioning. Our objective was to determine which techniques are most commonly used by surgeons and surgeons' views on sling tensioning.

Methods

An Internet-based survey designed to assess the use of various tensioning evaluation methods, different sling tensioning techniques, and views and beliefs regarding the importance of tensioning was sent to members of major sub-specialty professional organizations. The responses were analyzed using descriptive statistics, and univariate and multivariate logistic analyses were performed to assess the effect of various surgeon characteristics on operative techniques.

Results

A total of 596 surgeons (63% gynecologists, 37% urologists) from 56 different countries were included in the analysis. Over 30% of respondents reported performing >50 sling operations/year. Use of objective intraoperative tension evaluation methods was 15.6, 7.8, and 1.9% for intraoperative stress tests, cystoscopic evaluation of urethral coaptation, or Q-tip tests respectively. Sixty-three percent indicated that they tension retropubic transvaginal tape (RP) and transobturator tape (TOT) slings similarly, whereas 26.2% place more tension on TOT than RP slings and 10.4% place more tension on RP than TOT slings. Those with fellowship training were 66% more likely to utilize leak point pressure results to inform the degree of tensioning (OR 1.66, CI 1.04–2.66).

Conclusions

Our results indicate that there is a wide degree of variation in technique among surgeons. Prospective studies assessing the utility of various techniques could provide more evidence-based approaches to midurethral sling surgery and potentially improve quality and patient outcomes.