

What to do?

To the Editor:

Kudos to Dr. Blaivas who, in his editorial, "What to do?" rightfully attacks the premise that with respect to new age slings "complications are said to be low, or so they say." Many of these minimally-invasive procedures are, in fact, not harmless, innocuous, or complication free. An inherent problem in the accurate assessment of sling outcomes is that, understandably, there is limited enthusiasm for the reporting of sub-optimal results, despite the fact that dissemination of complications is invaluable information for the urogynecological community.

It was not so long ago that the ProteGen sling was withdrawn from the market because of incorporation issues. In two forthcoming articles, I report a 17% rate of vaginal mesh extrusion associated with the Tyco intra-vaginal slingplasty sling (*Journal of Urology*) and a 20% rate of vaginal mesh extrusion associated with the Mentor ObTape trans-obturator

sling (*Urology*). These slings all have unfavorable biomechanical properties that have promoted poor integration.

It has become clear to me through personal experience that those slings with the most favorable biomechanical properties and greatest likelihood of biocompatibility and successful integration are either a non-synthetic sling or alternatively, an elastic, macro-pored, monofilament polypropylene sling.

The utilization of synthetic slings that are elastic and thus require a covering sheath (vs. stiff inelastic slings), are macro-pored (vs. micropored), are monofilament (vs. multifilament), and are polypropylene (vs. other synthetic alternatives) will mitigate integration concerns.

Andrew Siegel*

*Department of Urology
Hackensack University Medical Center
Hackensack, New Jersey*

*Correspondence to: Dr. Andrew Siegel, Department of Urology, Hackensack University Medical Center, Hackensack, NJ 07601.

E-mail: incontinencedoc@optonline.net

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