

Revision, removal risks low for synthetic midurethral slings

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years (95 percent CI, 3.5 to 4.2 percent), and 5.2 percent at nine years (95 percent CI, 4.7 to 5.7 percent). The type of sling had an impact on the risk for reoperation for recurrent stress urinary incontinence, with reoperation more common after a single-incision versus retropubic sling (adjusted hazard ratio 1.5; 95 percent CI, 1.06 to 2.11).

"In the current polarized environment of mesh litigation, removal by several manufacturers of midurethral sling products from the market, and prohibition of midurethral sling use in other countries, our study offers information on long-term safety and efficacy data that will help guide surgeons and patients in making informed, evidence-based decisions regarding care for women with stress urinary [incontinence](#)," the authors write.

The authors disclosed financial ties to UpToDate.

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(HealthDay)—The long-term risk for women with stress urinary incontinence needing surgical revision or removal after initial placement of synthetic midurethral slings is low, according to a study published in the November issue of *Obstetrics & Gynecology*.

Alexander A. Berger, M.D., M.P.H., from the University of California in San Diego, and colleagues performed a retrospective cohort study of 17,030 patients who had previously received midurethral slings between 2005 and 2016.

The researchers found that the rate of mesh removal or revision at one year after surgery was 0.7 percent (95 percent confidence interval [CI], 0.6 to 0.8 percent); at five years, the rate was 1.0 percent (95 percent CI, 0.8 to 1.1 percent), and at nine years, the rate was 1.1 percent (95 percent CI, 0.9 to 1.3 percent). Reoperation rates due to recurrent stress [urinary incontinence](#) after mesh placement were 1.6 percent at one year (95 percent CI, 1.4 to 1.8 percent), 3.9 percent at five

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