UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

POSITION STATEMENT ON THE USE OF MID-URETHRAL SLINGS (MUS) IN THE SURGICAL MANAGEMENT OF FEMALE STRESS URINARY INCONTINENCE (SUI)

The Urological Society of Australia and New Zealand acknowledges that the evidence suggests that use of mid-urethral slings (MUS), sometimes called TVT, in the surgical management of female stress urinary incontinence (SUI), which is the type of urinary leakage associated with physical exertion and coughing, laughing, exercise is reasonable procedure.

Stress urinary incontinence is a common[1], burdensome and costly condition for women with a negative impact on quality of life. Non-surgical measures such as pelvic floor muscle training (PFMT) are useful treatment options in alleviating symptoms, although many women may proceed with surgery if these are not successful. Surgery is generally a more effective treatment than PFMT.[2] Mid-urethral slings are minimally invasive procedures developed in Europe in the early 1990s to treat female stress urinary incontinence. These slings are narrow, synthetic polypropylene tapes that are surgically placed beneath the middle part of the urethra (water pipe) to provide dynamic support to stop leakage from the bladder. They have been shown to be as effective as more invasive traditional surgery with major advantages of shorter operating and admission times, and a quicker return to normal activities, together with lower rates of complications.[3] This has resulted in MUS becoming the operation of choice in Europe, the United Kingdom, Asia, South America, South Africa, Australasia[4] and the USA[5] for treatment of SUI.

The US Food and Drug Administration (FDA) in the USA released a white paper[6] and safety communications[7] regarding safety and effectiveness of transvaginal placement of surgical mesh specifically for pelvic organ prolapse. A prolapse is where some of the pelvic organs bulge downwards giving rise to symptoms of an uncomfortable vaginal bulge. Media attention[8] on this totally distinct and separate issue of mesh use in women has the potential to cause unnecessary confusion and fear in women considering MUS for treatment of stress urinary incontinence. The FDA publications clearly state that MUS were not the subject of their safety communication.

There is robust evidence[9-11] to support the use of MUS from over 2,000 publications making this treatment the most extensively reviewed and evaluated procedure for female stress urinary incontinence now in use. These scientific publications studied all types of patients, including those with other conditions such as prolapse, overweight/high BMI, and other types of bladder dysfunction. It is, however, acknowledged that any operation can cause complications and for MUS, these include bleeding, damage to the bladder and difficulties passing urine[12]. Nevertheless, the results of a recent large multi-centre trial[13] have again confirmed the excellent outcomes and low risks of complications to be expected after treatment with MUS. Additionally, long term effectiveness of up to 80% has been demonstrated in studies following patients for up to 17 years.[14-15]

As a result, USANZ acknowledges that the use of monofilament polypropylene mid-urethral slings for the surgical treatment of female stress urinary incontinence is a reasonable treatment option.

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