

Letter

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INVESTIGATIVE AND CLINICAL UROLOGY
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The authors reply: Simultaneous treatment of anterior vaginal wall prolapse and stress urinary incontinence by using transobturator four arms polypropylene mesh

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To the editor:

We greatly appreciate the interest in our work as commented on in your journal. In our article published in the *Korean Journal of Urology* in 2015 [1], we concluded that the Nazca-Tc system is effective and safe in the treatment of advanced anterior vaginal wall prolapse with a low rate of complications after medium-term follow-up. One of our study limitations was sexual inactivity in most of our patients. Thus, in the small number of sexually active cases, dyspareunia was confirmed through direct questioning of the patients or via questionnaire.

Pelvic organ prolapse impairs quality of life as a result of vaginal bulge symptoms and change in bladder, bowel, and sexual function. The effect of synthetic meshes on quality of life and sexual function is still being discussed. Overall, the data show that vaginal mesh repair does not interfere with a healthy sexual life. The risk of dyspareunia can be kept to a minimum by ensuring that the mesh lies flat and is placed tension-free [2-4]. In a review article regarding the impact of pelvic organ prolapse surgery on sexual function, Dietz and Maher [5] concluded that sexual function is similar after anterior polypropylene mesh and anterior colporrhaphy.

In response to the comment, we accept that for evaluating sexual function, high-quality questionnaires and tools such as the Female Sexual Function Index (FSFI) and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) are needed. However, as you may consider the topic, evaluation of sexual function was not our primary endpoint. Accordingly, beside the other evaluations in such patients, to draw additional information, we decided to use a short and simple assessment for sexual function.

Finally, our study was not a basic evaluation of sexual function after pelvic organ prolapse surgery; therefore, we did not mention this in the details. To reach better results, it would be better to use validated questionnaires for measuring sexual function in patients before and after prolapse surgery and report these measures.

CONFLICTS OF INTEREST

The authors have nothing to disclose.

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