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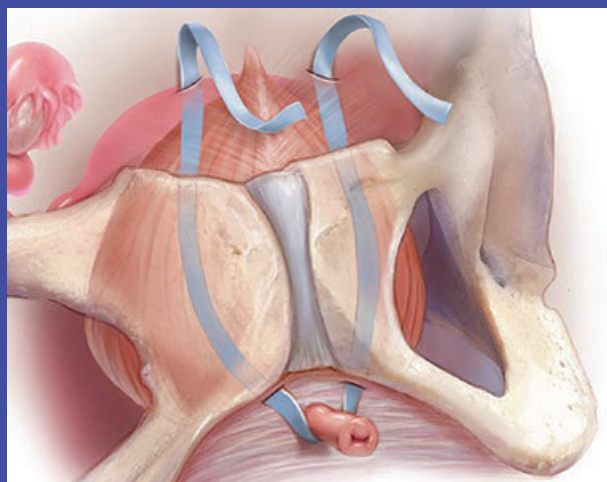
# Would Surgeons Opt for Polypropylene Mesh if They Hypothetically Had Stress Urinary Incontinence or Pelvic Organ Prolapse?

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# Surgeons would prefer mesh slings if they hypothetically had stress urinary incontinence.



Ringel N, Richter LA, Mid-urethral sling. Using slings for the surgical management of urinary incontinence: A safe, effective, evidence-based approach. MDedge. Published Oct 31 2019. Accessed April 25 2021. <https://www.mdedge.com/obgyn/article/209304/pelvic-floor-dysfunction/using-slings-surgical-management-urinary-incontinence>



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## Introduction

- Controversy surrounding vaginal mesh kits
- Many patients have negative connotations regarding mesh
- If patients were shown that their surgeons would opt for mesh – maybe this would help lessen the negativity?

## Methods

- Survey was sent to American Urogynecologic Society (AUGS) and SUFU members
- Basic demographic info
- Society members were asked what treatment they would elect if they hypothetically had SUI or POP.

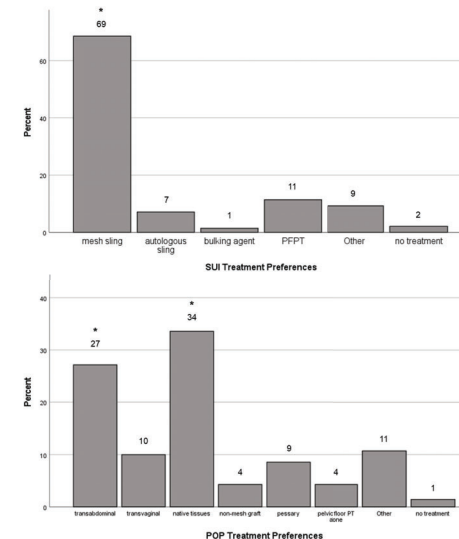
## Results

- 141 of 689 members completed the survey
- A significantly greater portion of members would prefer mid urethral slings (MUS) vs other treatment modalities (96/140, 69%,  $p < 0.001$ )
- For SUI: High volume providers (>10 procedures a month) were more likely to prefer MUS.
  - Univariate: OR 3.21  $p = 0.003$
  - Multivariate: OR: 3.67  $p = 0.003$
- For POP: Academic providers were less likely prefer transvaginal mesh (loses significance in multivariate)
  - Univariate: OR 0.29  $p = 0.039$
  - Multivariate: OR: 0.27  $p = 0.056$

## Discussion

- Majority of society members would prefer MUS for SUI
- Preferences regarding POP treatments were more varied

## Overall Tx Preferences



## Subgroup Analyses

	female (n=74)	male (n=64)	p-value
<b>Preferred SUI Treatment?</b>			
mesh sling	48 (64.9)	47 (73.4)	0.28
autologous sling	1 (1.4)	8 (12.5)	0.08*
bulking agent	2 (2.7)	0 (0)	0.19
PFPT	11 (14.9)	5 (7.8)	0.2
other	10 (13.5)	3 (4.7)	0.08
no treatment	2 (2.7)	1 (1.6)	0.65
<b>Preferred POP Treatment?</b>			
transabdominal	21 (28.4)	16 (25)	0.66
transvaginal mesh	4 (5.4)	10 (15.6)	0.47*
native tissues	22 (29.7)	25 (39.1)	0.25
non-mesh graft	2 (2.7)	4 (6.3)	0.31
pessary	10 (13.5)	2 (3.1)	0.031*
PFPT	4 (5.4)	1 (1.6)	0.23
other	9 (12.2)	6 (9.4)	0.6
no treatment	2 (2.7)	0 (0)	0.19
<b>Practice Type</b>			
	Academic (N=77)	Private (N=61)	p-value
<b>Preferred SUI Treatment?</b>			
mesh sling	47 (61)	47 (77)	0.045*
autologous sling	8 (10.4)	2 (3.3)	0.11
bulking agent	0 (0)	2 (3.3)	0.11
PFPT	11 (14.3)	5 (8.2)	0.27
other	8 (10.4)	5 (8.2)	0.66
no treatment	3 (3.9)	0 (0)	0.12
<b>Preferred POP Treatment?</b>			
transabdominal	19 (24.7)	18 (29.5)	0.52
transvaginal mesh	4 (5.2)	10 (16.4)	0.03*
native tissues	31 (40.3)	16 (26.2)	0.08
non-mesh graft	1 (1.3)	5 (8.2)	0.048*
pessary	8 (10.4)	4 (6.6)	0.43
PFPT	5 (6.5)	1 (1.6)	0.17
other	7 (9.1)	7 (11.5)	0.64
no treatment	2 (2.6)	0 (0)	0.21
<b>Monthly case volume</b>			
	1-10 cases (N=90)	>10 case (N=48)	p-value
<b>Preferred SUI Treatment</b>			
mesh sling	57 (63.3)	39 (81.3)	0.29*
autologous sling	6 (6.7)	4 (8.3)	0.72
bulking agent	2 (2.2)	0 (0)	0.3
PFPT	13 (14.4)	1 (2.1)	0.22*
other	9 (10)	4 (8.3)	0.75
no treatment	3 (3.3)	0 (0)	0.2
<b>Preferred POP Treatment</b>			
transabdominal	23 (25.6)	15 (31.3)	0.48
transvaginal mesh	11 (12.2)	3 (6.3)	0.27
native tissues	30 (33.3)	17 (35.4)	0.81
non-mesh graft	5 (5.6)	1 (2.1)	0.34
pessary	6 (6.7)	5 (10.4)	0.44
PFPT	4 (4.4)	2 (4.2)	0.94
other	9 (10)	5 (10.4)	0.94
no treatment	2 (2.2)	0 (0)	0.3