Author's response to reviews

Title: Transversal incision of the vagina favors the remaining of the tape in the middle-third urethra compared to longitudinal incision during transobturator sling procedures for stress urinary incontinence

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Author's response to reviews: see over
Letter to the editor

Dear editor,

Thank you very much for taking the time to evaluate our manuscript. We consider the reviewers' comments very valuable and we revised the manuscript according to them. Please let us know if further modifications are required.

Best regards,

Laurentiu Pirtea

Letter to the reviewer 3 (Tarik Yonguc)

Dear sir,

Thank you very much for evaluating our manuscript. Thank you for your valuable comments, we revised our manuscript according to them.

Minor essential revisions:
1. You are right, we modified in the text
   Major Compulsory revision
1. You are absolutely right, thank you for this observation. Indeed Delorme describes a lateral opening of the vagina of about 15mm on each side, but in Williams Gynecology By Schorge J.O. 2008, Mc Graw Hill pg 984 the vaginal incision is described: “a midline incision made sharply in the vaginal epithelium beginning at 1cm proximal to the urethral meatus and extended 2-3 cm”. I think your observation is correct and we rephrased: “The length of the vertical vaginal incision varies from 1,5cm to 2-3cm according to different authors (Delorme.Transobturator tape (Uratape): a new minimally-invasive procedure to treat female urinary incontinence. Eur Urol. 2004 Feb;45(2):203-7; Schorge JO Williams Gynecology 2008 Mc Graw Hill pg 984)”
2. We deleted the sentence:” we did not used stitches to suture the polypropylene tape to the vagina”
3. All patients with detrusor instability were excluded. We inserted in the text: “Further urodynamic assessment was performed and all patients with detrusor instability were excluded “
4. Your observation is correct. we inserted in the text: “The rate of continence after surgery was assessed using the cough test”
5. 2 tables indicating the continence rate and sling position were inserted
6. Your observation is correct. Regarding the leg /groin pain, we had no such complication but this is most likely linked to the limited number of cases ( we expect the same incidence as the standard technique). we specified in the text. Regarding the postoperative voiding dysfunction: we had no cases of urine acute retention, and to show if using our technique is actually lowering the incidence of the novo urgency we need more cases (for power calculation). This is something we are working and subject to some other report. In this article we want to assess mainly the position of the tape.
7. The observation is correct . We revised the sentence and inserted the description of technique available in Williams Gynecology 2008 pg 984: “a midline incision of the vaginal mucosa
between two Allis clamps, the first one placed 1 cm proximal to the external urethral meatus and the second one 2-3 cm cephalad"

8. Your observation is correct. We will use citation only, as this is not a result of our study: "Tape location at proximal urethra and at the level of the bladder neck is considered a possible cause of de novo urgency and voiding dysfunction after TOT [4]". 4. Yuan-Hong Jiang, Chung-Cheng Wang, Fei-Chi Chuang, Qian-Sheng Ke, Hann-Chorng Kuo (2013) Positioning of a Suburethral Sling at the Bladder Neck Is Associated With a Higher Recurrence Rate of Stress Urinary Incontinence. J Ultrasound Med; 32:239–245

9. This is fair. We inserted a limitation paragraph: "The main limitation of our study is represented by the lack of a control group including patients operated by the same team using the vertical incision. We considered that the data available for the vertical incision are very consistent and we used them for comparison".

10. You are correct. We inserted in the text: “Using the transversal incision we create a suture line parallel to the sling which can lead to mesh exposure. We had no such cases but we need to validate that on a larger group of patients”

Thank you very much for considering our manuscript of importance in its field.

Best regards

Laurentiu Pirtea

Letter to reviewer 1 (Eva Intagliata)

Dear reviewer,

Thank you very much for taking time to evaluate our manuscript
We consider your comments valuable in order to improve our paper
We had our article revised a native English speaker in order to improve the quality of the written English.
We agree that the lack of a control goup of patients operated by the same surgeon using the standard technique is the main limitation of our study. But on the other hand there is a lot of data available in literature in terms of sling position after surgery and we choose to use that for comparison. I think that using the standard technique our results in the control group should have been the same as described in literature. But for sure having a control group would add strenght to our study.

Thank you very much for considering our article as one of interest in its field.

Best regards

Laurentiu Pirtea

Letter to reviewer 2 (Osman As)
Dear sir,

Thank you very much for taking time to evaluate our manuscript. We consider your observation valuable in order to improve our paper.
1. We used for comparison the study of Bogusiewicz et al. 2014. They found that the percentage of slings that remained at the level of mid urethra was 54%. You are right: we defined midurethral area as 40-60% of urethral length and the sample article uses 50-70%, but we considered that middle third of urethral length is better represented by our percentage.

2. We agree that the sample article evaluated the position of the sling at 24 months. Our study evaluated the position of sling at 3, 6 and 12 months. And at 12 months the results were the same as 6 months. We believe that the process of fibrosis is completed after 12 months and the probability to have significant differences at 24 months is low. But in terms of statistics you are absolutely right and we will continue to monitor our cases.

3. You are correct. We agree that we defined midurethral area as 40-60% of urethral length and the sample article uses 50-70%, but we considered that middle third of urethral length is better represented by our percentage.

4. We agree that number of patients (51) is not very high but according to our calculation the power of our study is over 90%. The duration of our study is 12 months.

Thank you very much
Best regards
Laurentiu Pirtea