Reviewer's report

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

Version: 2
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Reviewer: Tarik Yonguc

Reviewer's report:

Dear Editor

I reviewed the manuscript entitled "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". It is an interesting study with a novel incision technique for the treatment of stress urinary incontinence.

The authors described a new type of incision of the vagina during transobturator sling procedure and assessed the outcomes of the procedure at 1-year follow-up. The strength of the study is the prospective design and the weaknesses are no control group, no validated questionnaires for patient evaluation, not well documented outcomes except location of the tape.

Comments for the authors:

Minor Essential Revisions:

1. Abstract: Although in methods; it is written as "Tape position was evaluated by ultrasound at 6 and 12 months after surgery", in Results location of the slings were documented at 3, 6 and 12 months.

Major Compulsory Revisions

1. Background: Line 5 it is stated that "Tape position along the urethra after the mid-urethral sling procedures seems to play a role in the development of the de novo urgency and voiding difficulties" but the authors should also state that tension of the tape has an impact on voiding functions. Line 13 "We noticed that original technique describes a 2-2.5 cm longitudinal incision of the vaginal mucosa." This sentence should be revised because Delorme described technique as "A vertical midline vaginal incision is made in the middle third of the urethra passing through the whole thickness of the vaginal wall. Starting at the incision, the vagina is released laterally on either side of the urethra with Mayo scissors over a width of approximately 15 mm." (Transobturator tape (Uratape): a new minimally-invasive procedure to treat female urinary incontinence. Eur Urol. 2004 Feb;45(2):203-7).

2. Materials and Methods: Line10 the sentence "We did not used stitches to suture the polypropylene tape to the vagina [6]." can be deleted.

3. The authors performed urodynamic study to exclude detrusor instability but
they did not state the number of patients with detrusor instability and how many of them were excluded. All?

4. The authors should describe the postoperative assessment of incontinence, CST?

5. Results: If it is possible It would be better to show the outcomes of the study in a table.

6. The complications are not well documented. There are no data about postoperative voiding dysfunction and leg/groin pain.

7. Discussion: Line 7 the sentence “the original technique…” should be revised.

8. Discussion: The authors stated that the position of the tape is associated with postoperative voiding dysfunction but they did not assess postoperative voiding functions in their study.

9. The authors should write a limitation paragraph.

10. The most important point about the transversal incision type is the long suture line parallel to the tape which can lead to more mesh exposures. Although the authors did not encounter mesh exposure, presumably the reason may be due to small sample size.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests