Urodynamic assessment remains useful in the management of patients who have complex incontinence symptoms.
Urethral closure pressure has been strongly correlated with success after Burch colposuspension and retropubic and transobturator sling procedures. This test would have added valuable data.

Another shortcoming was the lack of uniformity in the sling procedures that were selected. Most experts believe that retropubic and transobturator slings have unique mechanistic characteristics that do not allow them to be interchangeable. Investigators should have selected a single sling approach.

Is a 77% success rate acceptable to most patients?
SUI represents a continuum of disease severity, and various studies have demonstrated a higher success rate for retropubic slings than for the transobturator approach when sphincteric function is impaired. At our center, we utilize urodynamic parameters to identify women who may achieve a higher continence rate with a retropubic sling.3

Retropubic slings are not appropriate for all patients with SUI. Although the risk of serious complications, such as retropubic hematoma or bowel perforation, is very low, complications sometimes do occur and are related to surgical volumes. For this reason, transobturator slings, which carry minimal associated risks, play a key role in the management of garden-variety SUI.

References