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Letter to the Editor

## Reply to Dr Wael Agur

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## ARTICLE INFO

We would like to thank Dr. Agur for his interest in our review of the literature.

We wrote that according to the 2016 guideline from the European Society of Urology and the 2017 position statement from the European Urogynaecological Association (EUA), synthetic mid-urethral slings (MUSs) are the gold standard for the surgical treatment of stress urinary incontinence (SUI) [1]. Agur reports the Cochrane Database Systematic Review by Lapitan and Cody [2], updated on 2017 [3], on open retropubic colposuspension for urinary incontinence in women where the authors concluded that this approach is an effective treatment for SUI, especially in the long term. However, Lapitan et al. [3] reported that open colposuspension is associated with a higher risk of pelvic organ prolapse compared to sling operations. On the contrary, MUSs have the advantages of a shorter period of hospitalization, less invasiveness and fewer complications than open Burch colposuspension. Thus, we agree with Fusco et al. [4], who concluded in their paper on the superiority of MUS over Burch colposuspension because MUSs have subjective and objective cure rates similar to Burch colposuspension but are quicker and safer.

## Conflict of interest

The authors declare that they have no conflict of interest.

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## References

- [1] G. Capobianco, M. Madonia, S. Morelli, et al., Management of female stress urinary incontinence: a care pathway and update, *Maturitas* 109 (2018) 32–38.
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- [4] F. Fusco, M. Abdel-Fattah, C.R. Chapple, et al., Updated systematic review and meta-analysis of the comparative data on colposuspensions, pubovaginal slings, and midurethral tapes in the surgical treatment of female stress urinary incontinence, *Eur. Urol.* 72 (2017) 567–591.

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