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REPLY

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Response to letter to editor: Comparison of perioperative adverse events following suburethral sling placement using synthetic mesh, autologous rectus fascia, and autologous fascia lata in a National Surgical Registry

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We are grateful for the authors' response to our publication and are pleased to see a shared interest in the outcomes of anti-incontinence surgeries.[1] We used the National Surgical Quality Improvement Program (NSQIP) database to evaluate perioperative outcomes of sling surgeries, leveraging its strengths, which include the collection of validated, prospective data from a large cohort of over 40 000 patients undergoing anti-incontinence sling surgeries. For clarity, it should be noted that NSQIP adheres to stringent diagnostic criteria for urinary tract infections, which include both subjective and objective measures, such as urine lab testing results.[2]

However, as the authors have accurately pointed out and as we have noted in the limitations of our study, we were unable to obtain specific details about sling placement due to the retrospective nature of the study using the NSQIP database. Although we would have preferred to extend our study beyond 30 days to assess complications more comprehensively, including complications such as mesh exposure and reoperation, we were constrained by the time frame and outcome measures established for prospective data collection by NSQIP.

We agree with the authors that the limitations they have identified, along with those described in our study, define areas for future research to improve our understanding of the long-term outcomes of surgical treatments for stress incontinence.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

This study uses data from the American College of Surgeons National Surgical Quality Improvement Program Registry and cannot be shared due to constraints specified in a data use agreement.

ETHICS STATEMENT

This study used deidentified surgical registry data and was deemed exempt from further review by the University of Michigan Institutional Review Board (HUM00221791).

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