

MaineHealth

## MaineHealth Knowledge Connection

---

Costas T. Lambrew Research Retreat 2021

Costas T. Lambrew Research Retreat

---

2021

### Would Surgeons Opt for Polypropylene Mesh if They Hypothetically Had Stress Urinary Incontinence or Pelvic Organ Prolapse?

William J. Devan  
*Maine Medical Center*

Sanchita Bose  
*Maine Medical Center*

Dayron Rodriguez  
*Maine Medical Center*

Ricardo Munarriz  
*Maine Medical Center*

Linda Ng  
*Maine Medical Center*

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/lambrew-retreat-2021>



Part of the [Surgery Commons](#)

---

#### Recommended Citation

Devan, William J.; Bose, Sanchita; Rodriguez, Dayron; Munarriz, Ricardo; and Ng, Linda, "Would Surgeons Opt for Polypropylene Mesh if They Hypothetically Had Stress Urinary Incontinence or Pelvic Organ Prolapse?" (2021). *Costas T. Lambrew Research Retreat 2021*. 51.

<https://knowledgeconnection.mainehealth.org/lambrew-retreat-2021/51>

This Book is brought to you for free and open access by the Costas T. Lambrew Research Retreat at MaineHealth Knowledge Connection. It has been accepted for inclusion in Costas T. Lambrew Research Retreat 2021 by an authorized administrator of MaineHealth Knowledge Connection.

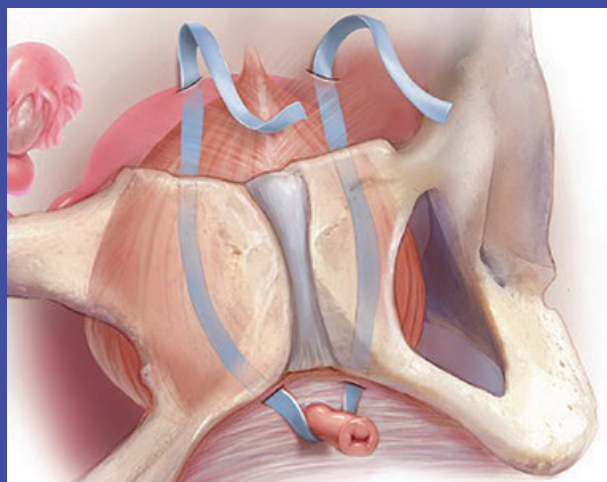
# Would Surgeons Opt for Polypropylene Mesh if They Hypothetically Had Stress Urinary Incontinence or Pelvic Organ Prolapse?

William J Devan MD, Sanchita Bose MD, Dayron Rodriguez MD MPH, Ricardo Munarriz MD, Linda Ng MD



wdevan@mmc.org

# Surgeons would prefer mesh slings if they hypothetically had stress urinary incontinence.



Ringel N, Richter LA, Mid-urethral sling. Using slings for the surgical management of urinary incontinence: A safe, effective, evidence-based approach. MDedge. Published Oct 31 2019. Accessed April 25 2021. <https://www.mdedge.com/obgyn/article/209304/pelvic-floor-dysfunction/using-slings-surgical-management-urinary-incontinence>



Take a picture to download the full poster

## Introduction

- Controversy surrounding vaginal mesh kits
- Many patients have negative connotations regarding mesh
- If patients were shown that their surgeons would opt for mesh – maybe this would help lessen the negativity?

## Methods

- Survey was sent to American Urogynecologic Society (AUGS) and SUFU members
- Basic demographic info
- Society members were asked what treatment they would elect if they hypothetically had SUI or POP.

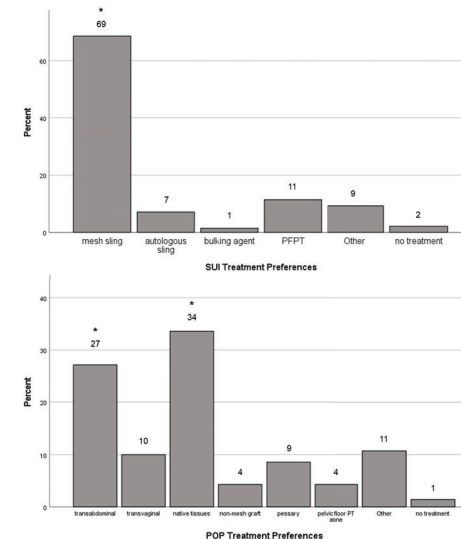
## Results

- 141 of 689 members completed the survey
- A significantly greater portion of members would prefer mid urethral slings (MUS) vs other treatment modalities (96/140, 69%,  $p < 0.001$ )
- For SUI: High volume providers (>10 procedures a month) were more likely to prefer MUS.
  - Univariate: OR 3.21  $p = 0.003$
  - Multivariate: OR: 3.67  $p = 0.003$
- For POP: Academic providers were less likely prefer transvaginal mesh (loses significance in multivariate)
  - Univariate: OR 0.29  $p = 0.039$
  - Multivariate: OR: 0.27  $p = 0.056$

## Discussion

- Majority of society members would prefer MUS for SUI
- Preferences regarding POP treatments were more varied

## Overall Tx Preferences



## Subgroup Analyses

	female (n=74)	male (n=64)	p-value
<b>Preferred SUI Treatment?</b>			
mesh sling	48 (64.9)	47 (73.4)	0.28
autologous sling	1 (1.4)	8 (12.5)	0.08*
bulking agent	2 (2.7)	0 (0)	0.19
PFPT	11 (14.9)	5 (7.8)	0.2
other	10 (13.5)	3 (4.7)	0.08
no treatment	2 (2.7)	1 (1.6)	0.65
<b>Preferred POP Treatment?</b>			
transabdominal	21 (28.4)	16 (25)	0.66
transvaginal mesh	4 (5.4)	10 (15.6)	0.47*
native tissues	22 (29.7)	25 (39.1)	0.25
non-mesh graft	2 (2.7)	4 (6.3)	0.31
pessary	10 (13.5)	2 (3.1)	0.031*
PFPT	4 (5.4)	1 (1.6)	0.23
other	9 (12.2)	6 (9.4)	0.6
no treatment	2 (2.7)	0 (0)	0.19
<b>Practice Type</b>			
	Academic (N=77)	Private (N=61)	p-value
<b>Preferred SUI Treatment?</b>			
mesh sling	47 (61)	47 (77)	0.045*
autologous sling	8 (10.4)	2 (3.3)	0.11
bulking agent	0 (0)	2 (3.3)	0.11
PFPT	11 (14.3)	5 (8.2)	0.27
other	8 (10.4)	5 (8.2)	0.66
no treatment	3 (3.9)	0 (0)	0.12
<b>Preferred POP Treatment?</b>			
transabdominal	19 (24.7)	18 (29.5)	0.52
transvaginal mesh	4 (5.2)	10 (16.4)	0.03*
native tissues	31 (40.3)	16 (26.2)	0.08
non-mesh graft	1 (1.3)	5 (8.2)	0.048*
pessary	8 (10.4)	4 (6.6)	0.43
PFPT	5 (6.5)	1 (1.6)	0.17
other	7 (9.1)	7 (11.5)	0.64
no treatment	2 (2.6)	0 (0)	0.21
<b>Monthly case volume</b>			
	1-10 cases (N=90)	>10 case (N=48)	p-value
<b>Preferred SUI Treatment</b>			
mesh sling	57 (63.3)	39 (81.3)	0.29*
autologous sling	6 (6.7)	4 (8.3)	0.72
bulking agent	2 (2.2)	0 (0)	0.3
PFPT	13 (14.4)	1 (2.1)	0.22*
other	9 (10)	4 (8.3)	0.75
no treatment	3 (3.3)	0 (0)	0.2
<b>Preferred POP Treatment</b>			
transabdominal	23 (25.6)	15 (31.3)	0.48
transvaginal mesh	11 (12.2)	3 (6.3)	0.27
native tissues	30 (33.3)	17 (35.4)	0.81
non-mesh graft	5 (5.6)	1 (2.1)	0.34
pessary	6 (6.7)	5 (10.4)	0.44
PFPT	4 (4.4)	2 (4.2)	0.94
other	9 (10)	5 (10.4)	0.94
no treatment	2 (2.2)	0 (0)	0.3

