

Referring to the paper: Liedl B, Inoue H, Sekiguchi Y, et al. Is overactive bladder in the female surgically curable by ligament repair? Cent European J Urol. 2017; 70: 53-59.

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Dear Editors

The recent publication of an overactive bladder (OAB) cure by tissue fixation system TFS [1], represents a state of the art surgery for this condition. The problem is that TFS is not widely available and is expensive in countries which do not have adequate financial resources for its application.

From an anatomical perspective, the paper convincingly proves that lax uterosacral ligaments (USL) can cause urgency, frequency, nocturia, chronic pelvic pain, fecal incontinence, and that all these symptoms are linked.

It has been demonstrated that some or all of these symptoms can be surgically repaired by other means. For example, simple plication will shorten the liga-

ments. In our experience this works reasonably well in the short term, but only in young patients. In older patients, USLs may be of poor quality and plication has a far inferior cure rate. In these situations, in our opinion, a posterior sling is required. A more easily available operation than TFS is the infracoccygeal sacropexy or posterior IVS (PIVS). This has proven to have good long-term results for OAB and other symptoms [2, 3, 4].

In summary, the importance of the OAB paper [1] is that it proves OAB symptoms, said to be incurable by learned societies, are indeed curable by TFS. For other procedures which repair USLs and also cure OAB, we refer CEJU readers to the short review by Richardson [5].

References

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