

AUTHOR'S REPLY

- Reply to: 1. Ahmet Akin
 Sivaslioglu Sivaslioglu AA. Letter to the Editor. Cent European J Urol. 2017; 70: 453.
2. Peter Petros
 Petros P. Letter to the Editor. Cent European J Urol. 2017; 70: 454.
3. Reut Rotem, Adi Y. Weintraub
 Rotem R, Weintraub AY. Letter to the Editor. Cent European J Urol. 2017; 70: 455.

Bernhard Liedl

Zentrum für Rekonstruktive Urogenitalchirurgie, Urologische Klinik München-Planegg, Germany

We were very pleased to receive endorsements of the main thrust of our paper by authors of the letter to the editor and that of the other authors quoted [1–4], that symptoms of overactive bladder (OAB), urgency, frequency, urgency incontinence, nocturia, are surgically curable in women with pelvic organ prolapse.

As Professor Sivaslioglu states, the surgical cure of OAB symptoms flies in the face of statements by major incontinence societies that OAB symptoms in these women are not curable. We hope that our paper and those of the other authors [1–5] will in some way change this seemingly entrenched attitude by the ‘opinion leaders’ of OAB.

We are also grateful to Professor Sivaslioglu for drawing attention to the use of ‘simulated operations’: mechanical support of the front or back ligaments of the vagina lessens the feeling of urgency by the patient. In our view, this is the ultimate proof of the Integral Theory which underlies these ‘simulated operations’. Mechanically supporting the liga-

ment restores the bi-directional stretching of the vagina by the muscle vectors. This supports the bladder stretch receptors and reverses the afferent inflow of impulses, which are interpreted by the cortex as urgency. The tissue fixaton system (TFS) which we used permanently, restores this support mechanism. Longer-term data confirms the OAB cure in women with pelvic organ prolapse at 4 years [5].

In both additional letters, Peter Petros and Rotem Reut, Weintraub AY emphasized that shortening and reinforcing the loose pelvic floor ligaments can cure not only bladder dysfunctions and pelvic organ prolapse, but also bowel dysfunctions and pelvic pain. The mechanics of these dysfunctions have been detected in the last few decades.

It is time to recognize and accept that symptoms of urgency, urinary frequency, urgency incontinence, nocturia and other symptoms can be induced by pelvic organ prolapse, by which reconstruction of the latter can cure these symptoms.

References

1. Caliskan A, Goeschen K, Zumrutbas A E. Long term results of modified posterior intravaginal slingplasty (P-IVS) in patients with pelvic organ prolapse. *Pelviperrineology*. 2015; 34: 94-100.
2. Richardson P. Surgical cure of nocturia using 4 different methods based on strengthening the structural supports of the vaginal apex- a short review *Pelviperrineology*. 2015; 34: 92-93.
3. Neuman M, Lavy Y. Posterior intra-vaginal slingplasty for the treatment of vaginal apex prolapse: Medium-term results of 140 operations with a novel procedure. *Eur J Obstet Gynecol Reprod Biol*. 2008; 140: 230-233.
4. Liedl B, Goeschen K, Durner L. Current treatment of pelvic organ prolapse correlated with chronic pelvic pain, bladder and bowel dysfunction. *Curr Opin Urol*. 2017; 27: 274-281.
5. Inoue H, Kohata Y, Sekiguchi Y, Kusaka T, Fukuda T, Monnma M. The TFS minisling restores major pelvic organ prolapse and symptoms in aged Japanese women by repairing damaged suspensory ligaments- 12-48 month data. *Pelviperrineology*. 2015; 34: 79-83. ■

Corresponding author

Dr Bernhard Liedl, M.D.
 bernhard.liedl@t-online.de