

# SURGICAL REPAIR OF PELVIC FLOOR PROLAPSE AND FOLLOW-UP: AN INSTITUTIONAL MULTI-CENTER EXPERIENCES.

## Comments

Reviewer n° 00742244

This is a manuscript on "Surgical Repair of Pelvic Organ Prolapse and Follow-up: an Institutional Multicenter Experiences". There are few comments that should be addressed by the authors:

1) Materials and Methods. "This is a prospective multicenter experience". Could the authors give more details concerning the centers involved and how many patients were recruited in each center?

**Answer:** *There were: 20 women recruited in Chieti, 5 in Perugia and 5 in Lecce. We did not insert these distributions to avoid an excessive lengthening of the paper.*

2) Results. "Of the 30 patients, 7 had stage II prolapse, 20 stage III and 3 stage IV". Could the authors provide detailed information regarding which compartments were involved and the presence of multicompartimental prolapse? "24 patients underwent prolapse repair". What about the other 6 patients? How many patients of the 24 underwent posterior prolapse repair?

**Answer:** *According to reviewer, we highlighted all requested modifications in yellow, into the text, as the following: "All 7 patients with stage II had only anterior compartment defect and so, they underwent prolapse repair with Anterior and Apical Prolapse Repair System. Of the 20 patients with stage III, 2 had previous hysterectomy with central compartment defect and they underwent prolapse repair with Anterior-Apical and Posterior Prolapse Repair System; 3 patients had both central and anterior compartment defect and underwent hysterectomy with Anterior-Apical and Posterior Prolapse Repair System; 15 patients had only anterior compartment defect and they underwent POP repair with Anterior and Apical Prolapse Repair System. All 3 patients with stage IV had central and anterior compartment defect and underwent hysterectomy with Anterior-Apical and Posterior Prolapse Repair System. All 30 patients underwent prolapse repair with Anterior and Apical Prolapse Repair ± Posterior Prolapse Repair System. Concurrent hysterectomy was performed in 6 (20%) patients."*

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General comments: The authors present a prospective multicenter observational study of 30 consecutive female patients with symptomatic stage 2 or greater of prolapse that underwent anterior and/or posterior repair using a new minimally invasive technique with a single vaginal incision. Overall, the results of the study are interesting and clinically

relevant. The study design appears clear and straightforward, the statistics is basic, the results are interesting and clinically relevant and the background review of the literature sufficient and supportive of the specific aims and results. However, the study do have several limitations restricting the generalizability of the results. Specific comments:

1. POP-Q international grading system highly recommended for clinical studies on POP repair, has not been use in this study;

**Answer:** *According to reviewer comment, we know that the Baden-Walker system is generally considered adequate for clinical practice, as long as descent of protrusion affecting all pelvic compartments. For decades this method was used and it is still use today. In our centres we are more confident with Half Way System or Baden-Walker scales, but just recently we introduced POP-Q classification in POP repair, we are already using for other evaluations.*

2. Postoperative pain was not scored with a VAS Scale.

**Answer:** *The study was a multicenter investigations and in Perugia they do not use VAS scale; so, to uniform all data, we decided to avoid VAS for all. We know this is a bias, but we decided in such way to avoid missing data.*

3. The evaluation of patient-reported outcomes using validated tools is missing (quality of life, sexual function), although the authors cited quality of life scores in the abstract;

**Answer:** *the evaluation of patients-reported outcomes was made by King's Health Questionnaire, but we did not reported the detailed results because the aim of our study is to evaluate the surgical outcome in term of anatomic and functional improvement. In future studies we will focus on this aspect and we will statistically analyzed our data.*

4. The study is also limited by a small sample size and the single arm design;

**Answer:** *According to reviewer, we well know that a small simple size and a single arm design is a bias for an evaluation, but we decided to perform such evaluation to better design further studies.*

5. The limitations paragraph should mention all the abovementioned limitations.

**Answer:** *According to reviewer, we introduce it into the text.*

6. urinary problems should be better specified, in particular preop. and postop. stress urinary incontinence and overactive bladder symptoms; also with regard to this outcome a symptom questionnaire would have been of value.

**Answer:** *Fourteen patients (46.7%) had preoperative urinary problems in particular 9 patients had urinary retention with a preoperative post void residual volume and 5 had urinary stress incontinence. During follow-up no patients had symptoms of recurrent prolapse or urinary problems. Four patients (13.3%) had a minimum asymptomatic post void residual urine volume.*

Reviewer n° 02451476

The introduction section in the manuscript is not related much to the study aim or even to current in the surgical treatment of POP with mesh. This has to be more focus to pros & cons of mesh synthetic mesh (kits) use in POP repair. - Nothing was mentioned specifically about the known information about Elevate Mesh Kits in the literature. (Just one statement in the discussion section with wrong reference number). - The results are poorly written with confusing information about the type of procedures done for what number? Please check it out again. - The sample size is too small esp. to even consider it for many authors and multicentre. Can you explain the reason? - Please check all citations & reference numbers.

**Answer:** *according to reviewer suggestion, we enlarged the introduction with your suggestions focus on Elevate mesh kits.*