Author's response to reviews

Title: Outcomes of vaginal hysterectomy for uterovaginal prolapse: a population-based, retrospective, cross-sectional study of patient perceptions of results including sexual activity, urinary symptoms, and provided care

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Author's response to reviews: see over
Dear Senior Scientific Editor Natalie Pafitis

Thank you very much for your consideration of publication of our manuscript in BMC Women’s Health.

We are very satisfied with the assessment of our manuscript by the reviewer Farr Nezhat. Below follows a point-by-point response to the comments and suggestions by the reviewer John E Jelovsek which is in accordance with your letter dated March 18. Our responses to the comments are addressed by highlighting in the text.

Our revised manuscript has been re-titled: “Outcomes of vaginal hysterectomy for uterovaginal prolapse: a population-based, retrospective, cross-sectional study of patient perceptions of results including sexual activity, urinary symptoms, and provided care”.

**Point no. 1:** “The manuscript reports on short term, subjective, patient-centered outcomes from vaginal hysterectomy (+sacrouterine ligament apical suspension according to comments) for pelvic organ prolapse. This has been reported in the literature in over 40 studies making this report less informative”.

**Response point no. 1:** Unlike the previous studies in this research area, the current study is a population-based study, and hospitals at every level from local, county-run to national, university-affiliated participated. It covers 65% of all Departments of Gynecology in Sweden and approximately 60% of the Swedish female population. The requested information has been added in the Discussion section, page 13, first paragraph and further in the Method section page 6, paragraph 4.

**Point no. 2:** “The study uses non-validated and unreliable, subjective, patient-centered outcome measures. Therefore the reliability of the results are unknown. There are well established patient centered outcome measures available”.

**Response point no. 2:** The questionnaires are designed, constructed, and validated by the Department of Educational Measurement at Umeå University, Sweden. A manuscript that reports on this process is currently in preparation (authors: Ewa Andersson, Mats Löfgren). This information has been included and highlighted in the method section (page 5, first paragraph) as a reply to the reviewer that described the lack of validation as limitation of the study.

**Point no. 3:** “There are insufficient data on concomitant procedures including combined apical suspensions. As a reviewer, I am unable to attribute the complications in this sample to just hysterectomy as the authors point out most had some apical suspension which typically adds risk to surgery and other concomitant procedures are not listed”.

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‘Outcomes of vaginal hysterectomy for uterovaginal prolapse: a retrospective, cross-sectional study of patient perceptions of results including sexual activity, urinary symptoms, and provided care’.

Authors: Mojgan Pakbaz, Ingrid Mogren, Mats Löfgren
**Response point no. 3:** In a meta-analysis review article by Diwadkar et al, the rate of complications requiring reoperation after apical vaginal prolapse surgical repair was highest for vaginal mesh kit compared to traditional vaginal surgeries and sacral colpopexy. In our study, because the frequency of complications did not differ between women who had vaginal hysterectomy only and those who had another concomitant procedure (p=0.93), concomitant procedures did not seem to increase the risk for complication. However, since the registry database does not record the type of apical suspension used, we can not conclusively exclude additional procedures as possible additional risk factors for complications. This current information has been added and highlighted in the Discussion section page 14, paragraph 3 and 4. The reference above has been added as reference no.11 in the Reference list, page 19.

**Point no. 4:** “Overall, there are two main themes that make interpreting the results unclear. The intervention(s) is unable to be clearly defined and the subjective outcomes are unreliably measured”.

**Response point no. 4:** Please see the responses to points no. 2 and 3.

A language correction has been made in accordance with the request by the reviewer.

Our aim has been to adequately respond to the reviewer’s comments and the editor’s suggestions. If there will be any further request we will immediately provide the editor with that additional information.