



Surgical treatment of genital prolapse and urinary incontinence

Despite of long pathway of evolve coming from open abdominal and vaginal interventions based on native tissue repair to mini-invasive approaches and sling or mesh usage, which expand application area and success rates, nowadays, no exact consensus is found in genital prolapse (GP) and stress urinary incontinence (SUI) surgery. The fast-changing course of opinions based on high rates of expectations and complications are being exaggerated and can dismay any gynecologist meeting this adjacent urogynecological sphere. Alike a novice sailor fears the sea for the first time seeing a storm, newcoming surgeons afraid to use the synthetic mesh or sling, hearing about the prevalence of specific complications. However, with growing experience, trained mariners may not go ashore for years, just as experienced surgeons can choose wisely, whether any type of GP or SUI surgery is reasonable and reach more grateful result with minimal disappointment.

This special series includes 5 articles focusing on different interventions and approaches for the correction of pelvic organ prolapse and urinary incontinence. The authors of this special series are experienced surgeons and scientists having close contact with the development of that kind of surgery. Our main purpose is to show our readers and colleagues our experience and clarify the application area of some interventions in urogynecological surgery. We assure that it will help to see the silver lining in this changeability time.

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