Peer Review File

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Reviewer A

This study has a potential. However, authors need to expand more on the FDA mesh warning and removal of the mesh kits from the market in most of the countries. How the findings of your study relate to this FDA action, do they support the decision or do they give a promise for the mesh kits to come back?

Strongly recommend to update the references and refer to the more current/recent studies.

L 91-97 - difficult to read, clarify.

Provided pictures add the value to the study.

Reply to Reviewer A

Thank you very much for taking the time to review our article. Based on your comments, we have updated this article with information on FDA recommendations The results of our study showed that vaginal mesh implants in genital prolapse surgery cannot be referred to the "first line" of surgical treatment taking into account the specifics of possible complications. An absolute indication for TVM surgery should be followed when abdominal access or the use of native tissue is difficult.

We have supplemented the literature review.

Reviewer B

Comments to the authors:

Thank you for giving me the opportunity to review this work. To examine the effectiveness, the outcomes (preoperative and postoperative) should be evaluated with valid anatomical and patient-reported questionnaires. The product used (Prolift mesh) has been withdrawn from the market since 2010. The manuscript needs a major revision in order to have a base for conclusions based on valid instruments of measures.

The author indicate that vaginal mesh was considered as Gold standard. As far as I know, this have never happened. In the contrary, laparoscopic and robotic-assisted sacroclpopexy is still considered as gold standard although some vaginal meshes have been shown to be effective and safe. Since these vaginal meshes are not any longer in the market, no conclusive evidence to indicate that any vaginal mesh is gold standard.

Raising evidence suggest that vaginal mesh surgery should not be performed in private and low-volume surgery hospitals (Nguman IUJ). There is no mention about the surgical method used, surgeons experience and/or which degree of prolapse patients were operated for. Was the surgery method standardized or was it let to the surgeon hands.

Reply to Reviewer B

Thank you very much for taking the time to review our article.

We absolutely agree with you that in order to assess the effectiveness of the performed surgical treatment, it is necessary to assess the anatomical and functional results, to assess the quality of life using questionnaires. However, the purpose of our study was to assess the number of complications (mesh-related and general surgical) and describe the most severe and rare of them.

The results of our study showed that TVM surgery cannot be offered as a routine operation. Genital prolapse surgery cannot be classified as a "light" surgery. To choose a method of surgical treatment, a multidisciplinary approach is required, taking into account such factors as: relapse, age and sexual activity, the presence of extragenital diseases, the necessity for simultaneous surgery (SUI).