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Reply to Letter-to-the-Editor, Re: Linder et al: Autologous Transobturator Urethral Sling Placement for Female Stress Urinary Incontinence: Short-term Outcomes

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Running Title: *Autologous transobturator sling outcomes*

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We appreciate these authors' interest in our use of a transobturator approach to autologous urethral sling placement.[1] As detailed in our previous publication, we use absorbable polyglactin (Vicryl) sutures for sling attachment, with two trocar passes on each side to allow for a tissue bridge over which the sutures are secured.[1, 2] The authors specifically query whether use of an absorbable suture may impact long-term efficacy of the autologous transobturator (ATO) sling technique. While we recognize that intuitively, given that the suture material dissolves the fixation of the sling could change, we would respectfully submit that this has not been our clinical experience, likely due to fibrosis of sling in the periurethral and paravaginal tissues.