

Single-Incision Sling Placement Review Article: Concern of Dyspareunia Described

Review finds that single-incision slings for stress urinary incontinence often preserve or improve sexual function, but may worsen dyspareunia in some patients

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What did Dr. Marie Van Isacker say in the Review Article "Impact of Single-Incision Sling Placement on Female Sexual Function in Women with Stress Urinary Incontinence" published in the the International Urogynecological Association, 06 February 2025?:

TABLE 4 Device and/or procedure-related adverse events through 36 months.

	Altis	Comparator	p Value ^a
Extremity pain			
Hip pain	7 (3.8%)	0 (0.0%)	0.015
Leg pain	4 (2.2%)	0 (0.0%)	0.124
Hip and leg pain	3 (1.6%)	0 (0.0%)	0.249
Sciatica	1 (0.5%)	0 (0.0%)	1.000
Calf pain	0 (0.0%)	1 (0.6%)	0.482

Table 4: Device and/or procedure-related adverse events through 36 months

“Methods: A literature search was conducted using PubMed using the keywords 'stress urinary incontinence,' 'midurethral slings,' 'single-incision slings,' 'female sexual function,' and 'dyspareunia.'

“

This Review Article describes a significant frequency of risk of new onset dyspareunia and shows the concern that single-incision slings have more dyspareunia than full length slings.”

Greg Vigna, MD

Results: The reviewed studies demonstrated that SIS generally maintain or improve sexual function postoperatively, but with varying impact on specific aspects of sexual function. While coital urinary incontinence often improved or resolved, new or worsened dyspareunia was reported in a significant number of patients.

Conclusion: SIS placement for SUI generally preserves or

enhances sexual function, though individual aspects, such as dyspareunia, may worsen for some patients.”

Read Dr. Van Isacker’s article: <https://pubmed.ncbi.nlm.nih.gov/39912922/>

Dr. Greg Vigna, mid-urethral sling attorney, states, “This Review Article describes a significant frequency of risk of new onset dyspareunia and shows the concern that single-incision slings have more dyspareunia than full length slings.”

What was reported by Dr. Le Mai Tu in the Management of female stress urinary incontinence with single-incision mini-sling (Altis): 36 month multicenter outcomes” in Neurourology Urodynamics. 2023; 42: 1722-1732?:

(See Table 4: Device and/or procedure-related adverse events through 36 months.)

Read the Altis 522 Study: <https://onlinelibrary.wiley.com/doi/pdf/10.1002/nau.25256>

Dr. Vigna concludes, “We allege that the Altis mesh is too stiff and causes an increased frequency of pain and dyspareunia compared with traditional slings.”

[Vigna Law Group](#) is investigating the Red Flag Warning symptoms of neurological injury from the mid-urethral slings, including:

“Other: Non-pelvic pain” including anatomic groin pain (inner leg pain), thigh pain, hip pain.

“Pelvic/Urogenital (groin) pain”: Pain not including the inner leg, thigh, or hip including:

1. Inability to wear tight pants
2. Clitoral pain or numbness
3. Severe pain that makes vaginal penetration impossible
4. Tailbone pain
5. Anorectal pain
6. Painful bladder
7. Pain with sitting

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic pain syndromes caused by mini-slings, such as Coloplast Altis sling and Boston Scientific Solyx sling, including pudendal neuralgia and obturator neuralgia. He is co-counsel with with the [Ben Martin Law Group](#), a national pharmaceutical injury law firm in Dallas, Texas, on a non-exclusive basis.

[Click here](#) for a free book on Vaginal Mesh Pain.

Greg Vigna, MD, JD

Vigna Law Group

+1 817-809-9023

[email us here](#)

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