

# The SIMS Trial - Single incision mini-slings for Stress Urinary incontinence in Women

600 participants were randomly allocated to

Adjustable anchored single-incision mini-slings (**SIMS**) (298 participants) (2 participants were post-randomisation exclusions)

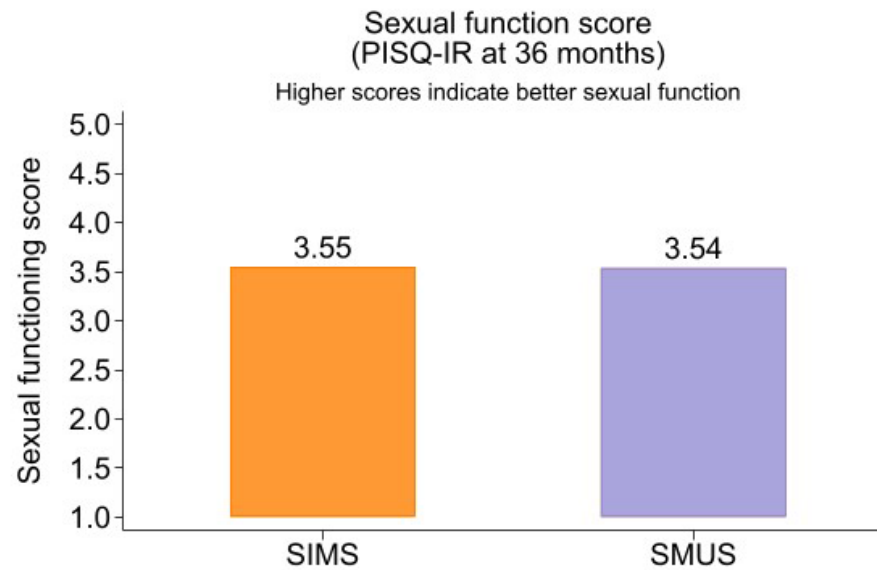
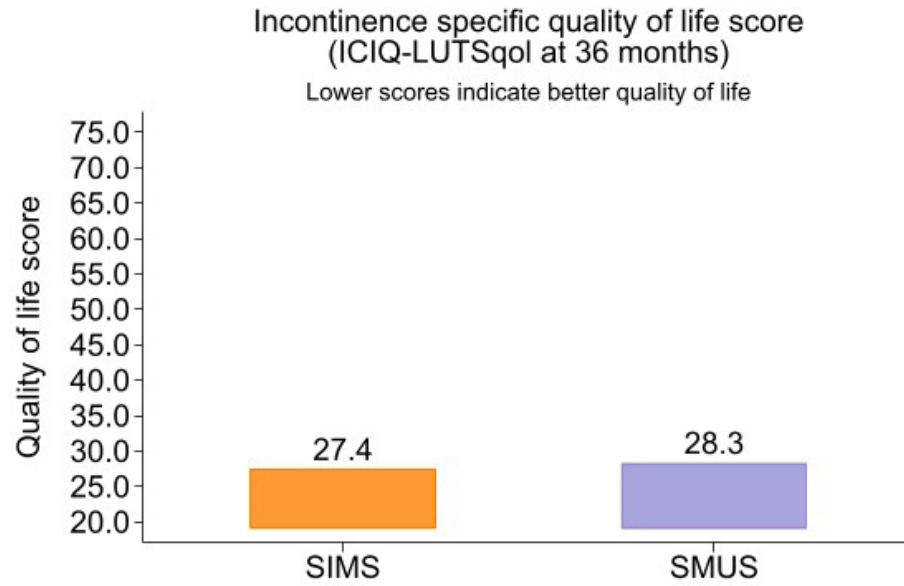


Standard tension-free mid urethral slings (**SMUS**) (298 participants) (2 participants were post-randomisation exclusions)

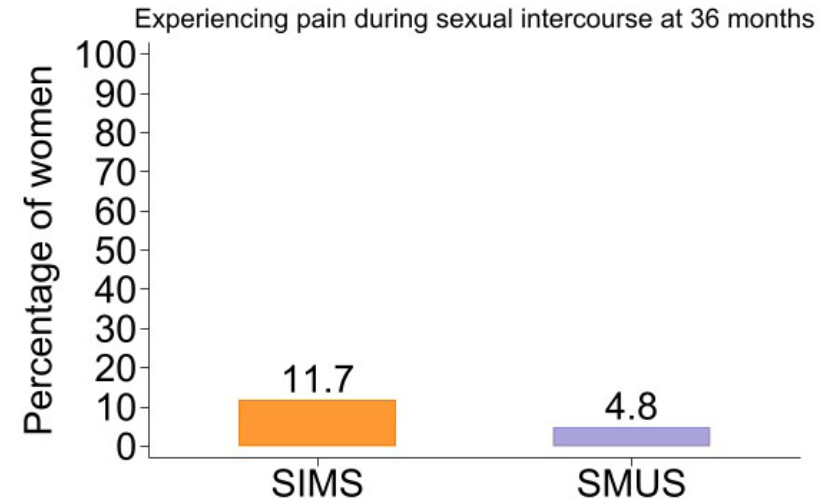
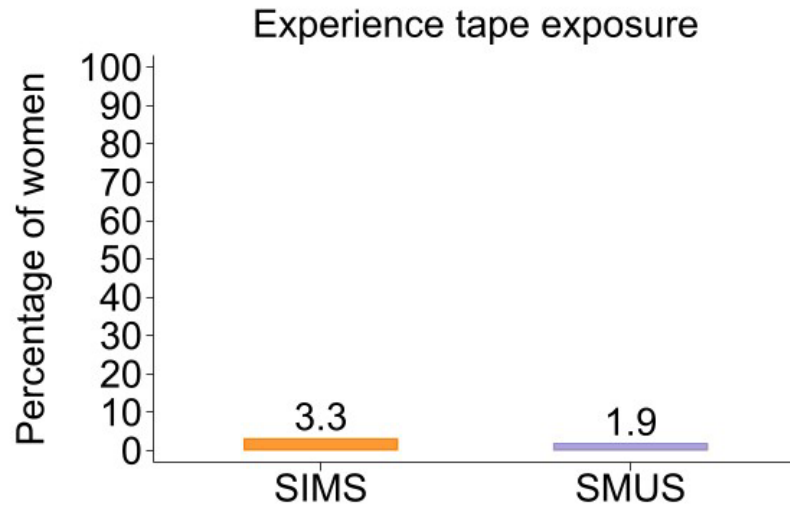
3 years post-surgery most women in both groups reported their incontinence symptoms were very much/much improved



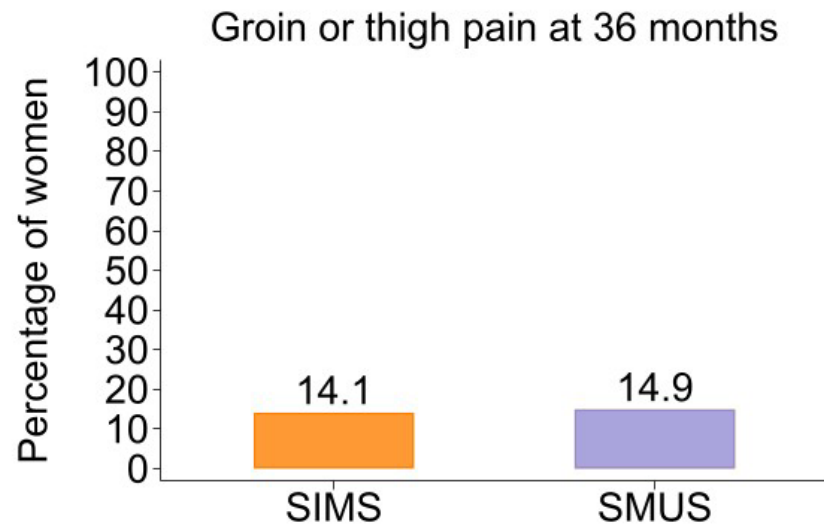
# Women allocated to both treatment groups (SIMS & SMUS) reported similar success rates for quality of life and sexual function at 3 years



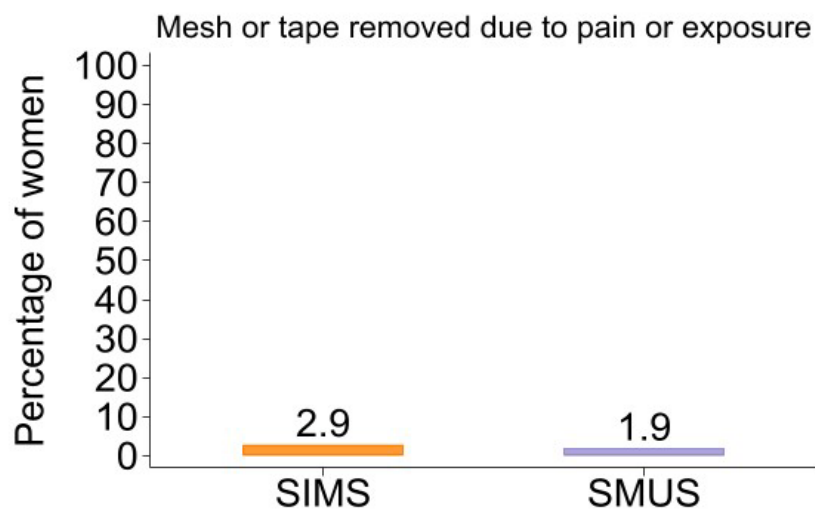
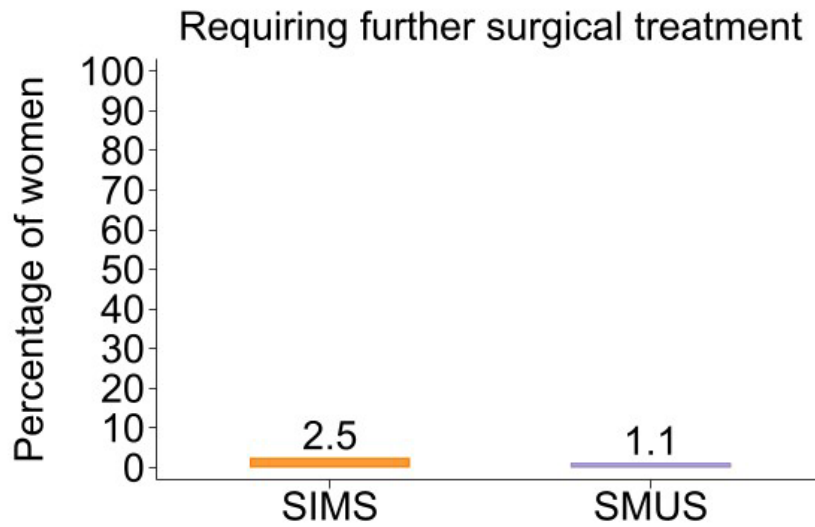
**Women who received SIMS reported slightly more mesh exposures and were more likely to report pain during intercourse (dyspareunia)**



**Groin/thigh pain rates were almost similar between both groups though marginally higher for SMUS group participants**



## More participants who had the SIMS procedure required further treatment for ongoing symptoms



---

### WHAT DO THE RESULTS MEAN and WHAT NEXT?

There was no difference in patient reported success rates at 3 years between those participants receiving the SIMS or SMUS procedures. Follow-up up to ten-years is under way to establish the long-term benefits and disadvantages.

This study is funded by the National Institute for Health Research (NIHR) Health Technology Assessment Programme (Grant Reference Number 12/127/157). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

