

SUBURETHRAL TAPES: EROSION, MALFUNCTION AND A SAVE WAY TO SOLVE THEM

Hypothesis / aims of study

The rate of late (>6 months) complications of suburethral tapes is low. They consist mainly of erosions and malfunction. It is not clear whether different types of tape or of operative techniques like transobturator or retropubic give the same late complications. However, when they occur, there is no standardised solution. In this study we present 32 patients who underwent a standardized repair of partial removal of their tape and placement of a collagen strip (Pelvilace®) in one time. In this way we hoped to repair the complications in the most comfortable way

Study design, materials and methods

In this prospective intention to treat study we present 32 patients with late complications, mainly erosion and/or malfunction because of displacement of the tape. The tapes involved were TOT (Intramesh Soft Lift®, Cousin Biotech), Uretex-TO® (Bard), TVT-O®, and TVT® (both Gynecare, Johnson&Johnson). We describe the exact complication, sort of tape, surgical repair and post-operative course, urodynamics with urethral closing pressure before and at least 6 months after repair and cystoscopic findings. All patients were evaluated with clinical validated questionnaires (Dutch pelvic floor society and PISQ) before and 6 months after repair. Most patients were sent to us from the wider region because of our expertise.

After evaluation all patients underwent a repair consisting of a surgical removal of the polypropylene tape as far as possible, but at least as far as the endopelvic fascia, careful evaluation of possible infection, cystoscopy and substitution of the tape by a collagen implant, Pelvilace® (Bard) with a cough test in one session.

Results

Of 32 women 17 were without complaints and continent after 6 months (53%). 15 women had no complaints regarding erosion or dyspareunia but 10 were only partially continent, and 5 women were as incontinent as before or worse. 9 women underwent after 6 months a new urethral suspension (retropubic, classic TVT) and were continent afterwards. The other 6 women accepted the situation as it was.

Interpretation of results

Repair of late complications of suburethral tapes with a standardised technique, ie removing the polypropylene tape and placing a collagen strip in place, have a good prognosis. Longer term results will make clear whether the use of collagen is sufficient or more extra procedures are necessary. However the 6 month results are reasonable regarding urinary incontinence and good regarding other complaints

Concluding message

Surgical repair of late complications of the treatment of SUI with polypropylene tapes should be centralized and standardized. Under these conditions the prognosis is good

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Medical Ethical committee Albert Schweitzer hospital Dordrecht the Netherlands
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes