

## THE MANAGEMENT OF MIDURETHRAL SLING (MUS) TAPE EROSION

### Hypothesis / aims of study

Tape erosion after midurethral sling surgery provokes severe voiding symptoms as dysuria, hematuria, frequency and incontinence. Occasionally, the diagnosis was delayed and patients suffered for a longtime due to erosive tapes. The management of erosion are diverse and sometimes, it's very difficult to remove tape completely. For minimization of patients discomfort and maintenance of continence, very careful pre-operative evaluation and diverse approach methods should be considered. In this study, the choice of treatment methods and the results of removal were analysed retrospectively.

### Study design, materials and methods

35 cases of midurethral tape erosion were retrospectively analysed according to the location of erosion, original method of midurethral sling surgery, time of erosion after operation, the development of erosion symptoms, the development of stone around tape, the method of tape removal, the results of tape removal. The average age of the patients was 48.3 year-old and age ranges from 41 to 58 years old.

### Results

The development of symptoms were taken from 1st month to 60th months in delayed case. The diagnosis of tape erosion was done from 4th months post-operatively to 49th months. Stone formations were accompanied in 21 cases. 2 cases needed re-operations to remove intravesically protruded tape after transurethral resection of intraluminal tape with stone formation.

Table 1. The original route of midurethral sling

Route	Number of cases
Retropubic	11
Transobturator	24

Table 2. Location of tape erosion

Location	Number of cases
Bladder Lateral wall	3
Anterior wall	3
Neck	23
Urethra	1

Table 3 Approach of tape removal

Transurethral	21
Vaginal	8
Transvesical	6

Table 4. Results of removal

Symptom resolved	32
Re-operation	2

### Interpretation of results

In transobturator approach, erosion was found two-fold more than retropubic approach. Most erosive tape were located near bladder neck. Transurethral approach assisted with laparoscopic forceps could be an effective and alternative method to remove tape in the bladder.

### Concluding message

The erosive tape made a great discomfort to the patients and sometimes delayed findings of erosive tape were difficult to remove. Transurethral removal, transvesical laparoscopic removal led to the complete removal of erosive tape from urinary tract and subsided symptoms. So, new and persistent urinary symptoms after midurethral sling need to evaluate immediately to early remove of the tape in the urinary tract.

### References

- Oh TH, Ryu DS. Transurethral resection of intravesical mesh after midurethral sling procedures. J Endourol 23:8:1333-7. 2009

<i>Is this study registered in a public clinical trials registry?</i>	No
<i>Is this a Randomised Controlled Trial (RCT)?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This study was designed the analysis of medical records
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No