IS MESH SHORTENING EFFECTIVE IN FAILED MIDURETHRAL SLING PROCEDURES FOR FEMALE STRESS URINARY INCONTINENCE?

Hypothesis / aims of study
Some proposed methods are being used in failed sling procedures for female stress urinary incontinence. However, reoperation requiring new sling materials and anesthesia could burden both patients and surgeons with stress. We evaluated the effectiveness of mesh shortening which is simple and easily performed.

Study design, materials and methods
From 2002 to 2008, 30 patients were treated by mesh shortening because of failed sling procedures. Mesh was exposed through the previous vaginal incision and both edges of mesh were approximated by 4-0 prolene sutures at the midline. Medical records were reviewed and postoperative follow-up was done by continence status, patient satisfaction with questionnaire (5: very satisfied, 1: very unsatisfied), maximal flow rate and postvoid residual urine volume at least 1 year after mesh shortening.

Results
Mean age was 59.7±10.4 years old and mean time between initial midurethral sling surgery and shortening procedure was 3.7±1.4 months. Mean follow up periods were 27.8±13.1 months and 14 had ISD. Concomitant surgeries were hysterectomy in 3, perineorrhaphy in 4 and cystocele repair in 2 patients. 15 patients (50.0%) were objectively cured, 6 (20.0%) were improved but 9 (30.0%) were failed. De novo urgency was observed in 1 and voiding difficulty was observed in 2 patients.

Interpretation of results
Simple shortening of mesh can improve urine leakage in 70.0% of failed sling procedures without serious complications.

Concluding message
The results of mesh shortening were not promising because of low rate of complete dryness. Nevertheless, this method should be considered as a primary choice in failed midurethral sling procedure because it could be performed easily and does not require high expense.