

## EFFECTIVENESS OF TRANSVAGINAL MESH RELEASE FOR MANAGEMENT OF COMPLICATIONS AFTER MIDURETHRAL SLING SURGERY

### Hypothesis / aims of study

To evaluate the efficacy of transvaginal mesh release as a method of treating persistent urgency, urge incontinence, voiding difficulty, urinary retention and vaginal erosion after mid urethral sling surgeries

### Study design, materials and methods

A retrospective analysis of 25 women with persistent urgency, urge incontinence, voiding difficulty, urinary retention or vaginal erosion who underwent a transvaginal mesh release from June 2003 to June 2010 was performed by the investigator.

Causes of doing transvaginal mesh release, differences of symptoms and voiding parameters between before and after mesh release were evaluated.

### Results

Mean age of 25 patients was 55.1±12.4 years old and body mass index was 23.2±2.5 kg/m<sup>2</sup>. Out of 25 patients, the number of previous midurethral sling surgery was done 1 times in 22 patients, 2 times in 2 patients and 3 times in 1 patient.

Previously TVT, TOT and REMEEX were done in 11, 17 and 1 patient.

The main symptoms of patients who underwent transvaginal mesh release were such as voiding difficulties including self catheterization in 11 patients, severe urgency in 4 patients, urge incontinence in 5 patients, vaginal mucosal erosion in 7 patients, and abscess of labium major in 1 patient.

Mean interval between previous surgery and vaginal mesh release was 15.7±20.5 months. Mean preoperative maximal flow rate was 11.6±7.3 ml/sec, voiding volume was 229.3±160.3 ml and mean residual volume was 77.5±76.3 ml.

All patients underwent the surgery under local anesthesia except 1 patient with bladder stone and vaginal mucosal erosion. Mean operative time was 48.6±30.2 minutes. Postoperative urethral catheterization were done in 3 patients and mean hospitalization was 2.8±2.0 days. Mean postoperative voiding volume was 231.4±127.0 ml and mean residual volume was 60.1±45.3 ml (Table).

Mean postoperative follow-up 31.9±30.4 months. The use of postoperative anti-cholinergics and alpha blocker over 1 month were in 11 and 3 patients. Incontinence was recurred in 1, severe urgency was persisted in 2 and the symptoms improved in all the other patients without recurrence.

**Table. Characteristics of patients**

<b>Number</b>	<b>25</b>
<b>Height (cm)</b>	<b>157.6±5.9</b>
<b>Weight (kg)</b>	<b>57.5±6.6</b>
<b>BMI (kg/m<sup>2</sup>)</b>	<b>23.2±2.5</b>
<b>Number of previous operation</b>	
1	22
2	2
3	1
<b>Method of previous operation</b>	
TVT	11
TOT	17
REMEEX	1
<b>Cause of mesh release</b>	
Voiding difficulty	11
Urgency	4
Urge incontinence	5
Mucosal erosion	7
Labial abscess	1

<b>Interval of operation (month)</b>	<b>15.7±20.5</b>
<b>operation time (minute)</b>	<b>48.6±30.2</b>
<b>Residual volum (ml)</b>	
<b>preoperative</b>	<b>77.5±76.3</b>
<b>postoperative</b>	<b>60.1±45.3</b>

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Concluding message

We think that transvaginal mesh release is safe and effective method for management of complications after midurethral sling surgery

<b><i>Specify source of funding or grant</i></b>	<b>no funding and grant</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>this study is result of surgery</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>