1200

Sankar A¹, Puthuraya S¹, Khunda A¹, Ballard P¹

1. South Tees Nhs Trust Middlesbrough U.K

TREATMENT OF VAGINAL EROSION OF TRANSOBTURATOR TAPE USING A PELVISOFT PATCH: A SERIES OF 6 CASES

Hypothesis / Aims of Study

Vaginal tape erosion is a rare, but well recognised complication of synthetic mid-urethral tapes. When this occurs, most surgeons recommend removal of the tape for immediate relief of symptoms. However, this poses a risk of recurrence of urinary incontinence. We describe a novel technique to treat mid-urethral tape erosion into the vagina without compromising continence.

Study design, materials and methods

A piece of biological mesh (pelvisoft) is interposed between the vagina and the eroding trans-obturator tape. The vagina is then closed with absorbable sutures. The hypothesis is that this technique will decrease the risk of recurrence of mesh/ tape erosion without compromising the continence achieved by the transobturator tape. This method was tested in six patients. All six cases of tape erosion were diagnosed within twelve months of primary surgery. Two patients had GYNECARE TVTTM-O tapes and four patients had SafyreTM, Promedon TOT tapes.

Results

At follow up 6-12 months post operatively, there was no recurrence of tape erosion in three cases out of six. All three women remained continent. Of the other three cases who had recurrent tape erosion into the vagina; one patient had early sexual intercourse and one patient was on long-term steroid therapy. These may have been contributing factors

Interpretation of results

Our experience suggests that pelvisoft graft interposition may help salvage an eroding midurethral tape. Patients need to be warned that the success rate is around 50% and the option of excision of the tape should be considered.

Concluding message

Pelvisoft graft interposition may be an option for symptomatic women who are continent after mid-urethral tape operation. The major advantage is there is no recurrence of incontinence.

The success rate of this procedure is around 50%.

Option of tape excision should be considered and risk of recurrence of continence with excision of tape should be mentioned.

Specify source of funding or grant	NHS
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	Acceptable procedure
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes