

## SURGICAL SITE INFECTIONS AFTER EXCISION OF ERODED MERSILENE SUBURETHRAL SLINGS: CASE REVIEW

### Hypothesis / aims of study

Our primary objective was to describe surgical site infections (SSI) after complete excision of eroded Mersilene suburethral slings (MSUSs) and to compare laparoscopic and open excisions.

### Study design, materials and methods

After obtaining an ethics committee approval we performed a retrospective case review of MSUS excisions that took place at a single institution from January 2006 through December 2012. We used a CPT code 57287 and 6 urogynecologists' case logs to identify cases. Demographic data, presenting symptoms and time from sling placement were collected. Intra-operative data including the length of surgery, EBL and antibiotics were recorded. Short term postoperative complications up to 6 weeks, were also recorded.

### Results

Twenty five cases of MSUS excision were identified and all were available for review. Of those 15 were open excisions and 10 were laparoscopic. Average age was 55 (40-83). Nineteen women were postmenopausal and 8 reported tobacco use. Fifteen women have had hysterectomy, 6 have had a previous prolapse repair, 2 of which reportedly included mesh.

The average time from sling placement to removal was 84 months (5-239). The most frequent presenting symptom was spotting or discharge (67%), followed by bleeding (48%), dyspareunia (16%) and pain (12%).

The average time in the OR was 167 min (66-372min); 189 min for laparoscopic and 151 min for open cases. Estimated blood loss was 178cc (8-400) and it was similar in both groups. There was one cystotomy during laparoscopic excision. The average hospital stay was 1.5 days (1-5) after open excision and 0.9 days (0-1) after laparoscopic excision.

All patients received standard antibiotic prophylaxis prior to the procedure. Seven patients after open excision were placed on a postoperative antibiotic regimen: Ciprofloxacin/Flagyl for a range of 3-14 days.

Postoperatively 8 (32%) patients presented for an urgent visit and 5 (20%) patients required hospitalization. All readmissions occurred between postoperative days 3 and 14. There were 9 SSI and those included: 3 organ/space SSI, 4 deep incisional SSI and 2 superficial SSI. All organ/space SSI occurred after laparoscopic excisions, 2 required exploration and drainage in operating room while 1 was successfully treated with antibiotics only. All 4 deep incisional SSI occurred after open excision, all needed to be explored and packed, 2 required negative pressure wound therapy. Three patients who developed deep incisional SSI were receiving postoperative antibiotics. Both superficial SSI were treated with oral antibiotics.

### Interpretation of results

Surgical site infections after open and laparoscopic excision of eroded Mersilene suburethral slings are very common. Organ/space SSIs occur after laparoscopic excisions while deep incisional SSIs occur after open excisions.

### Concluding message

High suspicion and close follow up during early postoperative phase are necessary for early diagnosis and treatment of surgical site infections.

### References

1. Wohlrab K J, Ereksion E A, Myers D L. Postoperative erosions of the Mersilene ® suburethral sling mesh for anti-incontinence surgery. Int Urogynecol J Pelvic Floor Dysfunct. 2009 Apr;20(4):417-20.

### Disclosures

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