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OUTCOMES FOLLOWING TREATMENT OF PELVIC FLOOR MESH COMPLICATIONS

Hypothesis / aims of study
To determine current symptoms and degree of improvement in a cohort of women who presented following treatment for vaginal mesh complications.

Study design, materials and methods
This study was follow-up to a multi-center, retrospective study of women who presented to three tertiary referral centers for management of vaginal mesh-related complications. Patients were identified in the retrospective phase of the study and then re-contacted and asked to complete a one-time follow-up survey regarding any additional treatment, current symptoms, and degree of improvement from initial presentation. Symptoms were assessed using the Patient Global Impression of Improvement Scale, Pelvic Floor Disorder Inventory Questionnaire-20 (PFDI), Pelvic Floor Impact Questionnaire-7 (PFIQ), and the Female Sexual Function Index (FSFI).

Results
339 subjects were identified during the retrospective phase of the study. Of these subjects, 260 returned surveys with a response rate of 41.1% (107/260); complete data was available for 101 respondents. Survey respondents were more likely to be postmenopausal (p=0.006), otherwise respondents did not differ from non-respondents with respect to demographics, indication for index surgery or presenting symptoms prior to intervention ($p > 0.05$ for all). 51% (52/101) of subjects underwent surgery as the primary intervention for their mesh complication; 4% (4/101) of subjects underwent a second surgery, while 33% (17/52) of subjects who had an initial surgery required a second nonsurgical intervention. A total of 3 patients required ≥ 3 surgeries. After their most recent intervention, 68% reported improvement of their symptoms, 22% reported worsening, and 10% reported no change. 66% of patients rated their pain as < 3, while more than 75% of patients rated their symptoms as "90% improved or better". Of the 32 respondents who reported pelvic pain prior to intervention, 21 (66%) reported improvement, 9 (28%) were worse, and 2 (6%) reported no change. Of the 69 respondents who did not complain of pain prior to intervention, 9 (13%) reported that they were seeking outside intervention for pain. Of the 33 subjects who reported voiding dysfunction prior to intervention, 16 (48%) reported being at least somewhat bothered by these symptoms post-treatment. 44% (43/101) of subjects were not sexually active; 26% reported no sexual activity as a result of their mesh complication, while 74% of subjects listed an alternative reason.

Interpretation of results
50% of patients with mesh complications undergo surgical management as treatment, and less than 10% require a second surgery. Half of patients with voiding dysfunction improve after intervention. Most patients with pain pre-intervention report significant improvement after treatment, however almost a third report worsening pain or no change after surgical management of mesh complications.

Concluding message
Patients continue to present to the office with vaginal mesh-related complications. Outcomes after intervention for these complications are mostly favorable. This data can be used to counsel patients in the office prior to intervention.

Disclosures
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