

281

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SUBCUTANEOUS TAPE: BEWARE OF SKINNY PATIENTS!

Hypothesis / aims of study

A case report of a patient with an underweight BMI and complaints after TVT

Study design, materials and methods

A 30 year old para 2 presented with GSI. Her BMI was 20 (underweight) She was a heavy smoker. Physiotherapy had failed to improve her symptoms.

On physical examination she had no signs of prolapse. The cough test was positive in standing and lying position. On ultrasound there were no abnormalities.

A tension free vaginal tape procedure was performed under general anaesthesia.

The patient left the hospital on the same day. She was scheduled for a regular check-up 4 weeks postoperatively.

Results

The patient stated that the gsi was cured. She had no nocturia. She complained of persistent pain in the right lower abdominal region, just distal of the TVT exit wound.

On examination there was a subcutaneous painful lump. On ultrasound a curled TVT tape ending was seen just below the skin. Under general anaesthesia the TVT exit wound was opened on the right, the TVT was grasped with a forceps en cut as short as possible. The patient left the hospital on the same day. She was seen for a check up after two weeks. The pain and swelling were gone.

Interpretation of results

If you cut the TVT without stretching it in underweight patients the tape can curl in the subcutaneous tissue and cause pain. Stretching the tape before cutting it, followed by lifting the skin with a grasper to allow the tape to be covered with subcutaneous tissue will prevent recurrence of this minor complication.

Concluding message

In our society we are worried over obese patients, but skinny patients have problems of their own, they should be viewed with extra care as well.



Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** it is not a study, it is a report of a complication after surgery for GSI, the patient gave permission for publication **Helsinki:** Yes **Informed Consent:** Yes