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MANAGEMENT OF DE NOVO STRESS URINARY INCONTINENCE AND MESH EXPOSURE AFTER TRANSVAGINAL MESH REPAIR OF ANTERIOR VAGINAL WALL PROLAPSE

Introduction
Women without symptoms of stress urinary incontinence (SUI) who undergo surgery for pelvic organ prolapse (POP) are at risk for postoperative urinary incontinence. SUI may also worsen after prolapse repair. The reported incidence of mesh exposures is approximately 10% but as high as 15% to 20% in some reported series. It is estimated that, approximately 20-25% of the women with de novo SUI would request a subsequent anti-incontinence procedure.

Design
The video demonstrates a 49 old woman who underwent local mesh excision, unfastened metal spider removing and concomitant tension-free vaginal tape (TVT) procedure. Six months before this video she underwent transvaginal mesh repair (EndoFast Reliant SCP) for symptomatic POP grade 3 apical prolapse. Informed consent has been obtained.

Results
Local mesh excision and concomitant TVT procedure was performed through transvaginal approach. At the 3rd moth her ICIQ-SF and SEAPI scores was decreased from 19 to 0 and SEAPI score decreased from 32 to 0 respectively.

Conclusion
Deciding whether to perform a combined surgical procedure to treat both prolapse and SUI or a single procedure that addresses only one condition requires balancing the risk of incomplete treatment with the risk of exposing the patient to unnecessary surgery. This decision must be based on the best approach to address the patient’s goals, rather than simply on anatomic correction.

Disclosures
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