

TRANSURETHRAL HOLMIUM LASER EXCISION FOR MANAGING MESH COMPLICATIONS OF MIDURETHRAL SLING PROCEDURES

Hypothesis / aims of study

Midurethral sling procedure has become one of the most commonly performed procedures for the treatment of female stress urinary incontinence (SUI). Although complication rate is very low, some patients are required further treatment to correct unwanted problems after surgery as it continues to be more widely used. This study was aimed at evaluating the efficacy and the safety of holmium laser for transurethral mesh excision in female patients with bladder and urethral erosion complicated midurethral sling procedures.

Study design, materials and methods

We enrolled thirteen patients (mean age: 52.1 years, range: 35-65) who underwent transurethral excision with holmium laser for eroded midurethral tape into the bladder and urethra. The preoperative characteristics and the intraoperative and postoperative data were assessed by reviewing the operative notes, medical records and office notes. Their records reviewed retrospectively to include resolution of the presenting symptoms and continence status, recurrent mesh or suture exposure, and symptoms or other morbidity.

Results

Between August 2011 and July 2014, thirteen women underwent transurethral holmium laser excision. The mean (range) interval between surgery and the diagnosis of presence of a foreign body was 32 (10-48) months. All patients presented with storage symptoms and/or hematuria with recurrent cystitis. Nine women had previously undergone transobturator tape procedures and four had undergone a retropubic procedure. There were no complications during surgery. Two patients had recurrent erosion that cystoscopy at 1 month after surgery showed. All of them cured after repeat excision.

Interpretation of results

Holmium laser excision seems to be a minimally invasive technique with safe and efficacious results.

Concluding message

In selected patients, transurethral holmium laser excision is an acceptable technique for first-line treatment of intravesical mesh erosion of anti-incontinence surgeries.

Disclosures

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