

LAPAROSCOPIC REMOVAL OF TVT MESH WITH BLADDER EROSION AND PERITONEAL EXPOSURE

Introduction

Unnoticed bladder injury during tension-free vaginal tape (TVT) is a rare condition occurring in 4% of the procedures. This complication implies persistent irritative symptoms, haematuria, calcification of the mesh segment and recurrent urinary tract infections (UTI's). The treatment of this condition is surgical removal of the exposed mesh segment transvaginally, endoscopic or laparoscopic, but there is no consensus of which is the best approach.

Design

We present a case report of a 40-year-old patient with history of TVT mesh placement six months before she presented to our service. The symptom of presentation was recurrent UTI's with *Escherichia coli* BLEE positive after mesh placement, there was no obstructive symptoms, no significant postvoid residual. The pelvic physical exam was normal, no palpable transvaginal mesh. A cystoscopy was performed observing an erosion in the left lateral wall of the bladder. As the mesh couldn't be palpated transvaginally we decided a laparoscopic approach for the removal.

Results

An transperitoneal laparoscopic approach was used, three trocars were placed, the intraperitoneal segments were removed, the peritoneal wall of the bladder wall incised, the intravesical segment of the mesh was removed and the points of entry of the mesh were repaired with continuous 3-0 vicryl suture. The operative time was 63 minutes and the intraoperative bleeding was minimal.

Conclusion

Laparoscopy approach could allow the total removal of bladder exposed and intraperitoneal segments of mesh as well.

Disclosures

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