

751

Viguera S¹, Raby T², Pizarro-Berdichevsky J³

1. Hospital Clínico de la Pontificia Universidad Católica / Hospital La Florida, 2. Hospital Sotero del Río, 3. Hospital Sotero del Río / Pontificia Universidad Católica de Chile

HOLMIUM LASER LITHOTRIPSY AND TRANSVAGINAL EXCISION OF BLADDER MESH EXTRUSION COMPLICATED WITH BLADDER STONES

Introduction

The use of prosthetic material to correct genital prolapse is a common practice, however is not exempt from significant risks. Bladder perforations are previously described complications. These complications are associated with several consequences like pain, urinary tract infection and bladder stones. There are different approaches for the removal of bladder stones and intravesical mesh (open, endoscopic, laparoscopic or transvaginal). The purpose of this video is to show the endoscopic and transvaginal approach for the treatment of bladder stones and the removal of bladder mesh respectively.

Design

The following video shows an endoscopic and transvaginal approach in a 70 years old patient with a history of two surgeries for correction of genital prolapse (sacocolpopexy and anterior prolift). The patient presented with pelvic pain and recurrent urinary tract infection 4 years after the last surgery.

Results

The patient underwent an endoscopic lithotripsy with Holmium laser and then to a transvaginal resection of the intravesical mesh, obtaining satisfactory results. After 2 weeks a retrograde cystography was performed certifying indemnity of the repair, the foley catheter was removed. The follow up at 2 months ruled out fistula and the patient was asymptomatic.

Conclusion

The transvaginal and endoscopic approach in patients with mesh perforating the bladder complicated with bladder stones is feasible, minimally invasive and with successful outcomes.

Disclosures

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