

## CLINICAL MANIFESTATION AND MANAGEMENT MULTIDISCIPLINARY IN CASES OF IATROGENIC PRESENCE OF SLING ENDOVESICAL.

### Hypothesis / aims of study

Expose the different clinical presentations and surgical manage of patients with endovesical mesh after mid urethral sling procedure.

### Study design, materials and methods

A retrospective study was done to evaluated 6 cases of patients refered to our center, with endovesical mesh perforation: after 3 retropubic procedures, and 3 after transobturator procedure. A urethrocystoscopy was done in all cases prior to surgery. The surgical techniques to extract the bladder mesh were: endocorporea lithotripsy (ECL), bipolar resection, vaginal resection, or combined techniques. We evaluated the surgical technique, operating time, postoperating complications, and hospital stay. In the post-operation follow up, the persistence of urinary symptoms, stress urinary recurrence, and the presence of endovesical mesh was evaluated.

### Results

The mean age was 61 years, and the time of appearance of symptoms was 8,5 months. The clinical manifestation were the presence of pain (4), LUT's (5), hematuria (2), recurrent urinary tract infection (5). The urethrocystoscopy shown: in two cases bladder lithiasis (two in the lateral bladder wall and one in the bladder neck). The complete mesh extraction was achieved in 5 cases, one patient with partial mesh resection remains asymptomatic. In all cases a combination of procedures were done to remove the bladder mesh: 2 ECL, 3 bipolar resections, 4 vaginal resections and 2 cases with intravesical scissors. Two patients had stress urinary incontinence after the resection.

### Interpretation of results

We believe that the combined approach of vaginal surgery and endoscopic treatments are a good alternative for the removal of the sling and should be taken into account in conjunction with techniques of laparoscopic and open surgery.

### Concluding message

The presence of intravesical mesh is a rare complication, and must be suspected in every symptomatic patient. The combined treatment is an alternative in the management of this complication.

### References

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### Disclosures

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