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## **THE 2 YEAR RESULTS OF A REGIONAL UROLOGICAL SERVICE FOR THE MANAGEMENT OF VAGINAL TAPE AND MESH COMPLICATIONS**

### Hypothesis / aims of study

The use of synthetic tape and mesh for incontinence and prolapse surgery is a topical and controversial area. We have previously reviewed our immediate post operative outcomes following operative intervention for complications surrounding these procedures. The aim of this study was to review the continence rates 2 years post surgery

### Study design, materials and methods

Data was collected retrospectively from an online clinical notes system for all patients undergoing removal of transvaginal tape and/or vaginal mesh.

### Results

**25 patients were identified in the initial 12 month study. In the immediate post-operative period over 50% of women were continent and 64% of women who were incontinent desired further surgical management.**

**At 2 years 21 women had been reviewed. Of these 7 were continent and 5 had been discharged; 1 received intravesical botulinum toxin for overactivity and 1 instillations for infections. 14 patients are incontinent – 8 patients have SUI of which 2 decline further surgery, 3 underwent urethral bulking agents, 2 had pubo-vaginal slings and 1 performs pelvic floor physiotherapy. Of the 6 with OAB – 5 are managed with medication and 1 has required sacral nerve stimulation.**

### Interpretation of results

Our results demonstrate that initial continence rates deteriorate significantly following removal of these synthetic products which is not surprising given their initial diagnosis and subsequent multiple extensive surgical interventions. What is surprising is the significant amount of women who develop urge incontinence rather than solely stress incontinence.

### Concluding message

Although our numbers are small there are a significant cohort of women troubled with complications. We continue to believe and advise that these patients should be managed in a specialist centre with experience. Long term follow up is needed to assess continence and resolution of original symptoms. The question as to whether concurrent incontinence procedures are required is ongoing as our preliminary data demonstrated that more than half of women are dry post operatively. However for patients who continue to be incontinent, the majority do desire and undertake further surgical management.

### Disclosures

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