

INCIDENCE AND CLINICAL OUTCOME OF PATIENTS WITH VAGINAL EROSION AFTER TENSION-FREE VAGINAL TAPE

Aims of Study

Erosion of the sling into the vagina is a well known complication of synthetic materials. There are some reports of sling erosions presenting up to 3.5 years following sling placement. However, most series report a relatively low erosion rate, ranging from 0 to 11 %. Vaginal erosion after Tension-Free Vaginal Tape (TVT) is variously reported as 1 to 8 %.

We estimate the incidence of vaginal erosion associated with the use of TVT and its risk factors in our patients, and clinical outcomes undergoing the vaginal free and pedicled flap to cover the defect.

Methods

Between 1999-2002, 296 cases (mean age: 61.2 yrs; range: 31 -67 yrs) of TVT performed by 3 urologists at 3 hospitals (2 university) were retrospectively reviewed. Peri and post-operative vaginal erosion as well as their management and surgical outcomes were investigated. We performed only TVT on 173 patients with grade 1,2 cystocele, and TVT combined cystocele repair on 123 patients with cystocele grade 3, 4. The pelvic floor disorders of enteroceles and vaginal vault prolapses were excluded.

Surgical procedures for vaginal erosions included the vaginal free-flap and pedicled flap and TVT removal.

Results

A total of 11 women (3.72%) required secondary interventions secondary to vaginal erosion. The interval between insertion and removal varied from 1 to 14 months (mean 6.24), 6 patients developed before postoperative three months. Among 11 patients, 7 patients had TVT combined cystocele repair (one vertical incision), and the others had TVT only. A transvaginal approach was used for vaginal free-flap over TVT in 2 patients (secondary vaginal erosion developed after 2 months) and a vaginal pedicled-flap in 1 patient (no erosion after 7 months), and TVT removal in 8 patients.

Before and after secondary intervention, all patients were totally dry (mean FU period: 12.5 months).

Conclusions

Vaginal Erosion after the tension-free vaginal tape procedure may lead to an additional surgical procedure, significantly increasing morbidity. Our findings indicate that in the case of vaginal erosion, the best choice of intervention is the transvaginal removal of the tape, but if the patient do not want to remove the TVT because of high operation cost, the vaginal pedicled-flap over the tape is recommended.