

## TAPE EXPOSURE AFTER TRANS-OBTURATOR TAPE (TOT) PROCEDURE: INCIDENCE AND TREATMENT

### Hypothesis / aims of study

DeLorme recently introduced the trans-obturator tape (TOT) procedure for the treatment of female stress urinary incontinence as a potentially less morbid minimally invasive modification of the tension-free vaginal tape (TVT) procedure. Vaginal extrusion of sling material has been reported to occur in up to 1.3% of patients undergoing the TVT procedure. [1] Studies have suggested a greater risk of vaginal extrusion following transobturator sling placement.[2,3] This may be secondary to the higher risk of vaginal penetration during the "outside-in" passage of trocars or due to characteristics of the mesh itself. Herein we review our experience with vaginal tape extrusion following the TOT procedure and report our treatment outcomes.

### Study design, materials and methods

Since September 2003, we collectively performed 394 TOT procedures at three medical centers. Of these, 9 patients (3%) developed vaginal extrusion of sling material. No deviations from standard operative technique occurred in the tape exposure group. All patients subsequently underwent transvaginal excision of the exposed segment under local anesthesia on an outpatient basis. We reviewed our operative experience with tape excision, noting the operative time, estimated blood loss, presence of bladder or urethral penetration, and outcomes in terms of de novo voiding symptoms and recurrent incontinence.

### Results

Sling exposure was heralded by vaginal discharge in all nine patients. Additionally, two patients noted groin pain on the affected side. One patient reported having resumed sexual intercourse prior to the six week recommended abstinence period. All patients (mean age 50 years, range 36 to 81) underwent segmental sling excision via a vaginal approach under local anesthesia between 8 and 90 days after their TOT procedure. One of the 9 patients required a second procedure to remove an infected tape segment. None of the patients reported de novo urinary urgency or urge incontinence. Each procedure resulted in minimal blood loss and operative time averaged 15 minutes. Seven of the 9 patients (77.7%) who underwent segmental sling excision have remained dry since the procedure.

### Interpretation of results

Vaginal exposure of sling material after the TOT procedure occurred in 3% of our series. This complication can be treated by segmental resection via a small vaginal incision. Revision is simple, safe, can be accomplished under local anesthetic, and results in rapid resolution of symptoms. After segmental sling excision most patients (77.7%) maintain continence and symptoms of de novo urinary urgency or urge incontinence are unlikely.

### Concluding message

We recommend strict adherence to a six week sexual abstinence period following the TOT procedure and early revision if vaginal extrusion of sling material occurs.

### References:

1. Neurourol Urodyn 2004; **23**:7-9
2. J Urol 2005; **173**:1627-30
3. Eur J Obstet and Gynecol 2005; **123**:121-7

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**HUMAN SUBJECTS: This study did not need ethical approval because Study was retrospective in nature conducted by chart review and no personal identifiers were used but followed the Declaration of Helsinki Informed consent was not obtained from the patients.**