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# MESH DIVISION AFTER MIDURETHRAL SLING PROCEDURE IN FEMALE STRESS URINARY INCONTINENCE: A YEAR AFTER

#### Hypothesis / aims of study

Midurethral sling procedure is widely used as a primary choice for managing female stress urinary incontinence in most countires. However, some complications are inevitable, although the incidence is very low. Mesh division may be required to correct unwanted problems in some patients, and urologists are worrying about the recurrence of incontinence after mesh division. We evaluated the outcome of mesh division in patients having mesh-related complications.

### Study design, materials and methods

Medical records of patients who underwent division of midurethral tape from 2001-2005 were reviewed and a detailed telephone interview was done to see if stress urinary incontinence recurred at least a year after division. Results

Eleven patients were included in this study. Mean age was 51.2 ranging from 41 to 70. The reasons why their meshes should be divided were as follows; eight(72.7%) had voiding difficulty, two(18.2%) had a tape erosion and one had OAB and voiding difficulty. These problems were corrected by mesh division except one. However, a year after division, four(36.4%) out of eleven patients developed recurrent stress urinary incontinence. Recurrence occurred in three(60.0%) out of five patients whose meshes were divided within 1 month after implant. Three(75.0%) out of four patients who had mixed urinary incontinence developed recurrence after mesh division. In particular, two patients who had detrusor overactivity confirmed by cystometry before surgery showed recurrence of incontinence after mesh division.

#### Interpretation of results

A total 36.4% of patients who required mesh division developed recurrence of stress urinary incontinence.

### Concluding message

These data demonstrate that mesh division may cause recurrence and urologists should be aware that mesh division may be disappointing. Mixed urinary incontinence seems to be the risk factor of recurrence after mesh division. <u>References</u>

### FUNDING: NONE

HUMAN SUBJECTS: This study did not need ethical approval because retrospective study but followed the Declaration of Helsinki Informed consent was obtained from the patients.