

THE USEFULNESS OF TRANSURETHRAL RESECTION FOR THE TREATMENT OF INTRAVESICAL TAPE EROSION WITH BLADDER STONE FOLLOWING TENSION-FREE VAGINAL TAPE(TVT) PROCEDURE

Hypothesis / aims of study

Intravesical tape erosion with stone formation following tension-free vaginal tape(TVT) procedure is rare, but bothersome complication. A variety of approaches, such as transurethral, laparoscopic or open surgery, were performed for the management of this complication. We report a novel technique of transurethral resection(TUR) of intravesical tape.

Study design, materials and methods

From 1997 to 2006, 6 patients were treated for intravesical tape erosion with bladder stone after undergoing the TVT. Intravesical tapes were resected at the sites of perforation including detrusor muscles, deep into the perivesical fat by transurethral resectoscope with cutting loop. Urethral catheter was kept for 7 days for the management of possible impending extraperitoneal bladder rupture. We reviewed their clinical symptoms, location of perforation, operative time and complications associated with TUR.

Results

Patients presented gross hematuria(4) and lower urinary tract symptoms(2), such as frequency and dysuria. The intravesical tapes were identified along the usual pathway of TVT needle. The mean interval period between TVT procedure and TUR of intravesical tape was 32 months(17-48). The mean operative time was 30 minutes(20-45). All urinary symptoms were resolved during mean follow up period of 8.5 months, and there were no urinary extravasation or recurrent incontinence.

Interpretation of results

Although polypropylene tape itself is not an insulator, muscle infiltrated mesh is possible to resect with high voltage of electronic current. Urethral catheterization for 1week is sufficient to resolve impending bladder rupture after our procedure.

Concluding message

We suggest that transurethral resection for the management of intravesical tape erosion following TVT is simple and effective treatment modality without risk of recurrent incontinence.

References

FUNDING: None

CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study did not need ethical approval because This study reviewed the results of conventional treatment modality, retrospectively. but followed the Declaration of Helsinki Informed consent was obtained from the patients.