455

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MANAGEMENT OF MESH EROSION FOLLOWING PROLAPSE AND CONTINENCE SURGERY

Hypothesis / aims of study

To evaluate the risk factors and management of synthetic mesh erosion following its use in pelvic organ prolapse and stress incontinence surgery.

Study design, materials and methods

All women treated for synthetic mesh erosion between 2001 and 2007 were identified and evaluated. Preoperative details including age, menopausal status, HRT usage, and preoperative vaginal atrophy. Operative details including the date and type of surgery, the grade of surgeon and the place of initial surgery were identified. The type of mesh or tape was recorded and any intraoperative complications noted .Postoperative complications and the use of topical estrogen or need for antibiotics were reviewed. The interval to erosion and its indicators were evaluated . All patients with erosion were managed conservatively or by surgical excision and followed up at 6weeks, 6months and 1 year

Results

25 patients with tape and mesh erosion were identified. .21 (84%) were post menopausal and 6 (24%) of these were on HRT.Ten had continence procedures either TVT or TOTand 15 had pelvic organ prolapse surgery. 5 had intravaginal sling procedure and 5 posterior vaginal repair with mesh. Three had sacrocolpopexy and 1 had anterior vaginal mesh repair and 1 had prolift vaginal repair. Table 1 illustrates the type of procedure and the number of patients. In 11 of 25 patients erosion was incidentally identified at follow up and the other common mode of presentation was vaginal discharge. 22 patients had surgical correction and three were managed conservatively. Four patients had recurrent erosion at follow up and all of them had re-excision . 2 out of 10 had recurrent stress incontinence symptoms and 3 out of 15 had recurrent prolapse symptoms requiring further surgery.

TABLE 1

Procedure	Number of patients	Percentage (%)
Continence procedure	10	40
Posterior repair with Mesh	5	20
Anterior Repair with Mesh	1	4
IVS	5	20
Sacrocolpopexy with Mesh	3	12
Other	1	4

Interpretation of results

There were 25 cases of mesh and tape erosion and the most common mode of diagnosis were by routine examination .When detected surgical excision has given good results along with the use of local estrogen and antibiotics. It is difficult to ascertain from the study if the surgical technique or the type of mesh has caused the problem. 20% of the patients had to have repeat surgery for persistent stress incontinence and 20 % had repeat prolapse surgery.

Concluding message

Mesh erosion is a common complication after synthetic mesh use in the surgical management of stress urinary incontinence and prolapse surgery. Post menopausal status and preoperative vaginal atrophy increases the risk of erosion. When detected surgical excision and treatment with antibiotics and local estrogen has good results with minimum morbidity.

References

1. Curr Opin Obstet Gynaecol (2006) 18:560-566.
2. Obstet Gynaecol (2006); 107:472-474.

Specify source of funding or grant	**Non funded ongoing clinical audit.**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**It is a clinical audit registered with the audit commitee of St.George's Hospital NHS Trust.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**