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MESH EXCISION AFTER TRANSVAGINAL MESH KIT PLACEMENT

Hypothesis / aims of study

Correction of pelvic organ prolapse with pre-packaged minimally invasive mesh procedure kits, despite a dearth of supporting data, has become a very prevalent and often implemented therapeutic modality. Although success rates are reportedly high, there are mesh-related complications that have been described in current literature [1]. We present our experience with the management of mesh-related complications of minimally invasive transvaginal mesh kit procedures.

Study design, materials and methods

We performed a retrospective review of all patients who underwent surgical removal of transvaginal mesh for mesh-related complications from 2006 to 2008 by three surgeons at our institution. Pain, level of improvement and continued symptoms were reported by patients at last follow-up.

Results

Eleven patients underwent removal of mesh during the study period. Mean age was 64 years (range from 45 to 76 years). Mean period of latency to mesh-related complication was 11 months (range 1 to 27 months). There were 3 types of transvaginal mesh kits identified that were used in our patient population (Table I). Indications for removal included vaginal/pelvic pain (4/11), dyspareunia (2/11), recurrent POP (4/11), vaginal mesh erosion (10/11), bladder mesh erosion with recurrent UTI (2/11), urinary incontinence (4/11), with all patients citing more than 1 reason. 2 patients had persistence of symptoms post-operatively. 1 patient had urge incontinence treated successfully with an antimuscarinic and a second patient with stress incontinence was treated successfully with collagen injection.

Interpretation of results

Mesh-related complications of pre-packaged minimally invasive mesh kits can arise. A majority of our patients presented with varying, multiple symptoms related to mesh complication. Mesh removal, although technically difficult, appears to be safe, with no major complications, and complete relief of symptoms in most cases.

Concluding message

Although this represents a small cohort of patients, we have been able to provide a snapshot of the varying presentations of mesh-related complications. There has been recent concern voiced by the United States Food & Drug Administration in the form of a medical advisory statement regarding the risks of using mesh in reconstructive surgery. We must be aware of the potential risks and appropriate management of complications related to the use of mesh.

Table I

Transvaginal Mesh Kit	Number
Prolift	**9**
Avaulta	**1**
Apogee	**1**

References

1. Feiner B, Jelovsek JE, Maher C. Efficacy and safety of transvaginal mesh kits in the treatment of prolapse of the vaginal apex: a systematic review. BJOG 2009 Jan;116(1):15-24

Specify source of funding or grant	**None**
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	**Retrospecive Chart Review**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**