

REFERRAL PATTERNS AND COMPLICATIONS OF MIDURETHRAL SLINGS

Hypothesis / aims of study

Midurethral slings are the mainstay of treatment for stress urinary incontinence. We report on physician referral patterns for patients with complications or voiding dysfunction after midurethral sling replacement.

Study design, materials and methods

We performed a retrospective chart review of all patients who had a sling takedown or removal between February 2003 and May 2008. A literature review of sling complications was also performed.

Results

Nineteen charts were reviewed. One of the authors performed the initial sling procedure for 5 of the 19 patients (26%). Of the remaining 14 cases, 10 were referred by a primary care physician (53%), 2 were referred by outside surgeons performing the initial procedure (11%), 1 was referred by an outside urologist who had not performed the initial surgery (5%) and 1 was a self-referral (5%). The average time between sling placement and referral for complications was 19.9 months (with a range of 1 week to 6 years).

Interpretation of results

Symptoms of bladder outlet obstruction (BOO) were most commonly seen. These included straining to void and incomplete bladder emptying (n=13 or 68%), and frank urinary retention requiring clean intermittent catheterization or an indwelling Foley catheter (n=5 or 26%). Overactive bladder symptoms (n=10 or 53%) and incontinence (n=6 or 32%) were also seen, as were recurrent urinary tract infections, hematuria, suprapubic pain, and dyspareunia. Urodynamic studies confirmed BOO in 7 patients (37%), while hypotonic detrusor was found in 6 (32%). Cystoscopy revealed visible mesh in 3 patients (16%), and 2 of these had associated bladder stones. Cystoscopy results were normal in 15 patients (79%). All slings were either autologous fascia or transvaginal tape, and all were ultimately taken down by one surgeon. Symptoms resolved in 17 patients (89%), and improved significantly in the remaining 2 patients.

Concluding message

It has been well established that significant complications can occur with sling placement. In addition to these complications, voiding dysfunction secondary to anti-incontinence procedures is often unrecognized and associated with a significant delay in patient referral. It is important for physician performing sling procedures to have a thorough understanding of the potential post-operative complications, so that they will be well-prepared to either treat these patients or refer provide them with a proper referral in a timely manner.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	it involved only a retrospective chart review.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No