

Experience of Complications Requiring Surgical Corrections Among 982 Cases of Mid-Urethral Sling surgeries

Lee J¹, Kim H¹, Shin D¹, Yoon C², Choi S³, Cho W⁴, Min K⁵, Oh T⁶, Lee W⁷

1. Pusan National University Hospital, Busan, South Korea, 2. BHS Han-seo Hospital, Busan, South Korea, 3. Kosin University College of Medicine, Busan, South Korea, 4. Dong-A University Hospital, Busan, South Korea, 5. Inje University Busan Paik Hospital, Busan, South Korea, 6. Samsung Changwon Hospital, Busan, South Korea, 7. Ulsan-Jeil Hospital, Busan, South Korea

BACKGROUND

Although mid-urethral sling surgery in female patients with stress urinary incontinence is proved as a simple and safe procedure with high treatment success rate, its complication rate is increasing with the growing number of the surgical cases.

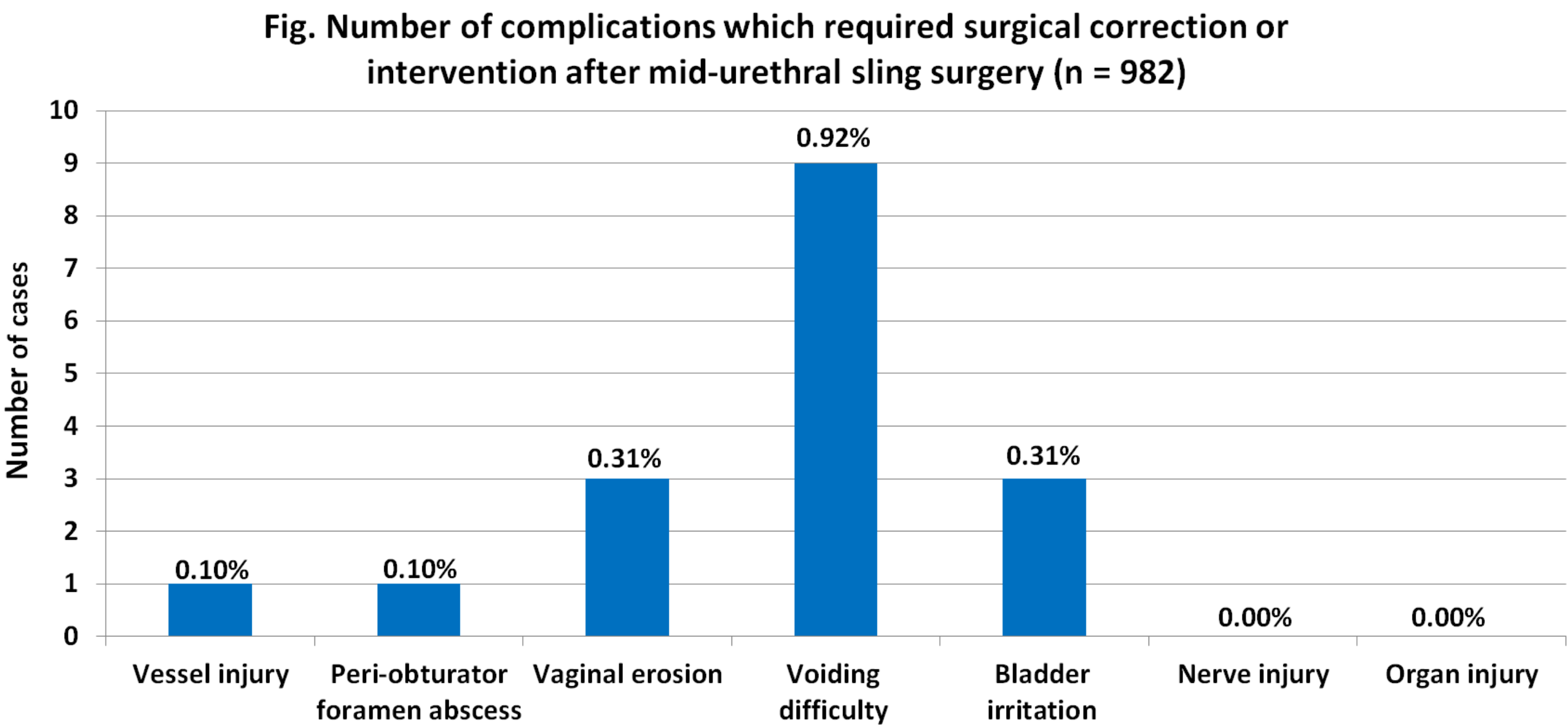
OBJECTIVES

The present study aims to investigate and assess the complications occurred from 982 cases of mid-urethral sling surgeries that require surgical correction or intervention.

MATERIALS & METHODS

- Among 1,029 patients who underwent mid-urethral sling surgery (792 tension-free vaginal tape (TVT) cases and 237 transobturator tape (TOT) cases) in our department from 2002 to 2016, 982 patients who were able to be tracked by medical records were included in the study.
- The medical records of the 982 patients were reviewed to investigate the complications occurred from mid-urethral sling surgeries that required surgical correction or intervention.
- As well, the treatment options selected for each complication cases were assessed.

RESULTS



The investigated complications which required surgical correction or intervention after mid-urethral sling surgery were as follows:

- Vessel injury: 1 case (0.10%)
 - The surrounding vessel of obturator artery was injured by the trocar insertion during TVT.
 - The vessel injury was detected directly after the sling insertion and was managed by angioembolization.
- Peri-obturator foramen abscess: 1 case (0.10%)
 - Occurred at 5 months after TOT.
 - It was managed by antibiotics along with aspiration of abscess via anterior vaginal wall without mesh removal.
- Vaginal erosions: 3 (0.31%)
 - All cases were treated by removing the exposed mesh along with repairing the incision of the anterior vaginal wall which was made for mesh removal.
- Voiding difficulties: 12 (1.22%).
 - The 9 cases of voiding difficulty and the 3 cases with bladder irritation and urinary frequency which were drug-refractory were treated by mesh removal.
- According to the medical records, there were no nerve injuries nor organ injuries.

CONCLUSION

- The complications following the mid-urethral sling surgeries such as vessel injury, peri-obturator foramen abscess, vaginal erosion, and voiding difficulty could effectively be managed by intervention or mesh removal.
- The surgeons should always be aware of the possibility of severe complications and be prepared for valid management method for each complication.