

## TRANSURETHRAL ELECTRORESECTION IS A MINIMALLY INVASIVE AND EFFECTIVE WAY OF REMOVING VAGINAL MESH EROSION IN THE BLADDER

### Hypothesis / aims of study

Intravesical tape erosion after vaginal mesh placement is a rare complication, and can be challenging, with few cases reported. To evaluate outcome after transurethral electroresection of mesh which has eroded into the bladder.

### Study design, materials and methods

Seven patients presenting with vaginal mesh erosion into the bladder from December 2004 to July 2010 underwent removal of the mesh by standard (6) or bipolar (1) transurethral electroresection. Their records were reviewed retrospectively to retrieve data on presenting symptoms, diagnostic tests, surgical procedures and outcomes.

### Results

The median (range) interval between the vaginal mesh procedure and the onset of symptoms was 17 (0–60) months. Painful micturition, recurrent urinary tract infection (UTI), urgency and urge incontinence or persistent SUI were the predominant symptoms. The mesh was resected deep into the muscle layer. There were no complications during surgery. The storage symptoms and UTI resolved completely after removing the eroded mesh in all but 2 patients, 1 with persistent urge and one with persistent SUI. Cystoscopy at 1 month after surgery showed complete healing of the bladder mucosa.

### Interpretation of results

Standard or bipolar transurethral electroresection seems to be a minimally invasive, safe, simple and successful treatment option for removal of vaginal mesh eroded into the bladder removal.

### Concluding message

Although vaginal mesh erosion into the bladder is rare, persistent symptoms, particularly recurrent UTIs, must raise some suspicion for this condition. Standard or bipolar transurethral electroresection seems to be a minimally invasive, safe, simple and successful treatment option for removal of vaginal mesh eroded into the bladder removal. It is important to perform a deep resection of the mesh into the muscle layer.

Patient	1	2	3	4	5	6	7
Age (years)	69	69	65	63	74	54	58
Onset of symptoms (months)	18	1	32	1	17	0	60
Presenting complaint	Recurrent UTI, urge incontinence, pain	Urge	Recurrent UTI, pain	Recurrent UTI, pain, urge	Recurrent UTI, pain, urge incontinence	Persistent, worsened SUI	Recurrent UTI
Follow-up (months)	74	53	41	23	18	10	12

*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 ethics committee approval because*

not applicable at our institution

*Was the Declaration of Helsinki followed?*

Yes

*Was informed consent obtained from the patients?*

Yes