144

Khasriya R[1], Baha-Khan A[2], Siddiqui I[2], Elneil S[2]
1. *UCLH,* ***2.*** *UCL*

SIGNIFICANT REDUCTION IN PAIN AND LOWER URINARY TRACT SYMPTOMS AFTER REMOVAL OF INCONTINENCE AND PROLAPSE MESH.

Hypothesis / aims of study

To identify types of complications in women following pelvic mesh insertion and changes in symptomology following surgical removal of mesh.

Study design, materials and methods

Retrospective data was collected between 2009 to 2015, in the Urogynaecology Unit at a tertiary referral centre for mesh removal in the UK. Patients were referred with complications after insertion of mesh. The cohort of patients in this study had mesh removal procedures. Patient demographics including age, onset of symptoms, type of tape/anatomical route used were recorded. The Bristol Female Lower Urinary Tract Symptom Questionnaire and the Visual Analogue Scale for pain (VAS 0=no pain, 10=worst pain) were used pre and post surgery.

Results

Seventy two patients (average age 57) who had insertion of mesh were included in the study. The majority (90%) had mid-urethral tapes (MUT) including TVTO (52%) and TVT (38%). Other types of mesh included vaginal mesh (6%), both vaginal and MUT (1%), rectopexy mesh (1%), I-STOP (1%), SPARC (1%). Pain was the predominant presenting complaint (74%) including vaginal pain (23%) groin pain (17%), leg pain (17%), pelvic pain (11%) and buttock pain (6%). Other symptoms included mesh erosion (11%) and voiding dysfunction (14%). The majority of patients were referred to the unit by the GP (81%), was well as referrals from urogynaecologists (10%), pain services (5%) and urologists (4%). On average patients had to wait 3.7 years from insertion of mesh to presenting in clinic. The mean pain score at presentation was 8.8/10 with a 65% reduction in mean pain following removal of mesh to 3.1/10. This was statistically significant with p=<0.0001 (95% CI=4.38-6.82). The mean FLUTS score at presentation was 36.3 with a 54% reduction in mean FLUTS score to 16.5 which was significant with p=0.002 (95% CI = 10.7-29).

Interpretation of results

There was a significant improvement in pain and lower urinary tract symptoms, following mesh removal.

Concluding message

Increased patient awareness and publications issued by the FDA, MHRA and NICE about the problems associated with incontinence mesh mean that surgical interventions have become more common[3]. Persistent pain after incontinence mesh surgery has distressing and life-changing consequences for the patient[1] . Whilst mesh, especially, mid urethral tapes have been helpful to many women with incontinence, there is an increasing number of women who have suffered with significant complications following the procedure[(1,2,3)]. It is imperative that patients with these complications should be identified early and referred to an appropriate tertiary centre for a multi-disciplinary approach to their care and consideration of mesh removal.

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Disclosures

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