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# FUNCTIONAL OUTCOME OF INCONTINENCE AFTER TRANSURETHRAL REMOVAL OF EXPOSED MIDURETHRAL SLING MESH

Hypothesis / aims of study
Although the location of mesh to be found out is different, intravesically exposed mesh after midurethral sling procedures results from bladder erosion or missed intraoperative bladder perforation. It may results in considerable morbidity including stone formation and voiding difficulty and the mesh should be removed. We evaluated urinary functional outcomes according to the location of mesh.
Study design, materials and methods
A total of twenty six (26) patients had a transurethral removal(TUR) for intravesical mesh after midurethral sling surgery (tension free vaginal tape 15; transobturator tape 11). The mesh location was classified to urethral, neck, vesical and combined type. Patients were evaluated with physical examination, ultrasonography, stress test, bladder diary.
Results
The mesh locations were as follows; urethral type in 1 patient, neck type in 18 patients, vesical type in 4 patients and combined type (neck and vesical area) in 3 patients. The mesh was removed in all cases. Mean follow up was 34 months after transurethral removal of mesh (range 12 to 60). On follow-up cystoscopic examination, a remnant meshes were observed in 4 patients. The remnant meshes were removed with repeat TUR. All patients had similar voiding patterns before TUR. But recurrences of incontinence after TUR of mesh were observed in 3 patients; 1 patient in combined type and 2 patients in vesical type. But the symptom was managed with only medications.

Interpretation of results
Our data indicate that the recurrence of incontinence is low and all patients with recurred incontinence had mesh on bladder neck.

Concluding message
The present study suggests that TUR of mesh is effective and safe method but TUR of mesh exposed on bladder neck needs carefulness not to injury neck function and prevent recurrence of incontinence.

Disclosures
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