

Mesh Cutting After Midurethral Sling Surgery in Female Stress Urinary Incontinence: A 2-Year Follow Up

Introduction and Objective: Midurethral sling surgery is believed as a gold standard surgical method in managing female stress urinary incontinence (SUI). However, mesh-related complications are inevitable, although the incidence is very low. In some cases, mesh should be cut to solve the unwanted problems. We evaluated those patients who required mesh cutting because of mesh-related complications.

Materials and Methods: Medical records of patients whose meshes were cut from 2005 to 2010 were retrospectively reviewed. A detailed telephone interview was performed to know their current status of voiding problems including recurrence of incontinence.

Results: A total of 19 patients were included in this study. Mean age was 54.2 ± 9.5 ranging from 38 to 71. The reasons why their meshes were cut were as follows; voiding difficulties in 12 (68.2%), mesh erosion in 5 (26.3%), intractable overactive bladder (OAB) in 2 (10.5%) patients. Most complications were disappeared except in 2 of voiding difficulties and in 1 patient of OAB. When asking recurrence of SUI, 7 patients (36.8%) answered 'yes' (4 out of 12 voiding difficulties, 2 out of 5 erosions and 1 out of 2 OAB). Recurrence occurred in 5 patients whose meshes were cut within 1 month and 2 patients whose meshes were cut after 2 months of implantation.

Conclusions: Most problems associated with mesh implantation could be managed by mesh cutting. However, 36.8% of mesh cutting patients had recurrence of SUI. Therefore, urologists and patients should be aware of the possibility of recurrence of SUI after mesh cutting. Early mesh cutting seems to be the risk factor of recurrence. Tension of the mesh is very important to reduce the chance of mesh cutting.