

ABSTRACT:

***Complications of Mesh-Augmented Pelvic Organ Prolapse and Incontinence Repairs:
Case Series of 319 Procedures***

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Introduction and Objectives

We report our experience with surgical removal of mesh used in pelvic reconstruction in a tertiary referral center from 2005-2011.

Methods

We performed a retrospective study of all consecutive patients who underwent surgical mesh removal between July 2005 and July 2011 for treatment of mesh complications. Symptoms were determined by patient self-assessment including validated questionnaires.

Results

Two hundred and thirty six patients underwent 319 mesh excision procedures during the study period. Mean age was 59 years old (range 25-88, median 58), mean parity 3 (range 0-10, median 2), mean BMI 27 (range 11-44, median 26). Seventy five percent were post-menopausal, 18% reported prior tobacco use and 78% had prior hysterectomy, 44% with concomitant mesh placement.

Sixty four patients (28%) had prior mesh revision. One hundred and thirty six (58%) had pelvic organ prolapse (POP) mesh and 208 (86%) had sling mesh. POP mesh was located in multiple compartments in 63 patients, 46% of whom presented with exposure or erosion, and a single compartment in 60 patients, 38% of whom presented with exposure or erosion. Mean time from mesh placement to removal was 3 years (range <1-22).

The most common indications for surgery were mesh exposure or erosion (58%), pain or dyspareunia (34%) and de novo urgency, frequency, or incontinence (38%). One hundred and one patients had multiple indications for surgery. Of 28 patients with POP mesh only, 75% presented with erosion, 50% with pain or dyspareunia. Of 108 patients with both POP mesh and sling, 62% presented with erosion, 31% with pain or dyspareunia, and 33% with de novo urgency, frequency, or incontinence.

One hundred and eighty two patients (77%) underwent a single mesh excision, 13% underwent two, 8% underwent three, and 1% underwent four or more to achieve significant symptom improvement. Initial excision procedure involved removal of only sling mesh in 61 patients with erosion and 43 with pain, only POP mesh in 75 patients, 73% with erosion and 53% with pain, and both POP mesh and sling in 30 patients, 67% with erosion and 52% with pain.

Conclusions

Mesh complications are an increasingly common indication for referral to tertiary care centers. Pain and dyspareunia are the most common symptoms necessitating mesh removal in patients without mesh exposure and many patients present with multiple symptoms. Patients may require multiple procedures to achieve resolution of their symptoms.