AB266. A review of mesh excisions over a four-year period in Cork University Maternity Hospital (CUMH)

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Background: Synthetic mesh has been widely used in the surgical treatment of stress urinary incontinence and pelvic organ prolapse. Due to controversy regarding the safety of mesh devices, the use of mesh in urogynaecological procedures is currently on hold in Ireland.

Methods: The register in which gynaecological procedures performed are recorded in the hospital was searched from the beginning of 2015 until the end of 2018. Those patients who underwent a mesh excision for erosion within this time frame were included. We observed the main indications for mesh removal and the rates of pain and incontinence both pre-excision and at 6 months post-excision.

Results: Three hundred and seventeen procedures involving the placement of mesh were carried out in this time frame, with 17 patients requiring mesh excision in this period. Mesh excision following midurethral slings accounted for (N=12/66%), and excision following transvaginal mesh accounted for (N=5/27%). The most common primary reason for representation was pain (N=8/44.5%), which improved following excision (N =3/16%). Following mesh excision, five patients began to suffer from stress incontinence who had not done so pre-excision.

Conclusions: Following the removal of mesh there was a reduction in the number of patients complaining of pain, with reduced rates of urge incontinence also observed. Unfortunately, there was an increased rates of stress urinary incontinence following mesh excision which was the indication for mesh insertion in 66% of those included. With mesh excisions likely to increase year on year, it is important to assess the efficacy of the procedures employed to remove the mesh and monitor patient outcomes following the procedure.

Keywords: Mesh; excisions; incontinence

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