

Case Series: Pelvic pain outcomes after trans-vaginal mesh removal surgery at a tertiary interdisciplinary pelvic pain clinic in Sydney, Australia



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Introduction

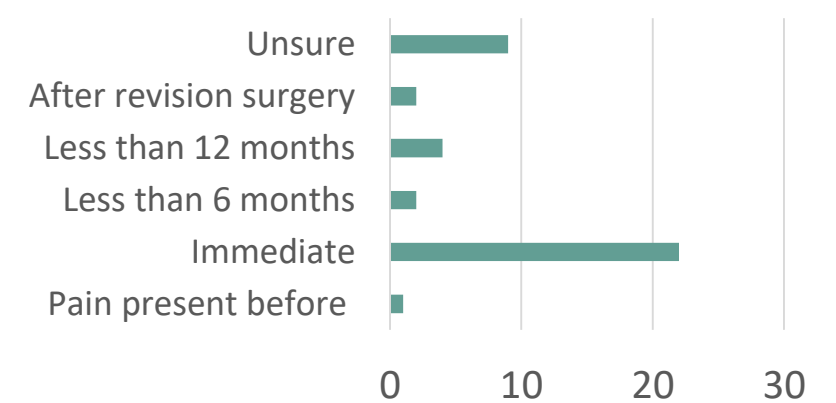
- Complications from surgery using transvaginal prolapse mesh or sub-urethral tapes have been well documented for many years¹
- Surgical removal is indicated immediately if severe pain is present in the recovery room despite local anaesthetic infiltration during surgery²
- Little information is available on the impact of mesh-removal surgery on pelvic pain^{3,4} to help guide informed consent for this vulnerable group of women who continue to suffer.

Results

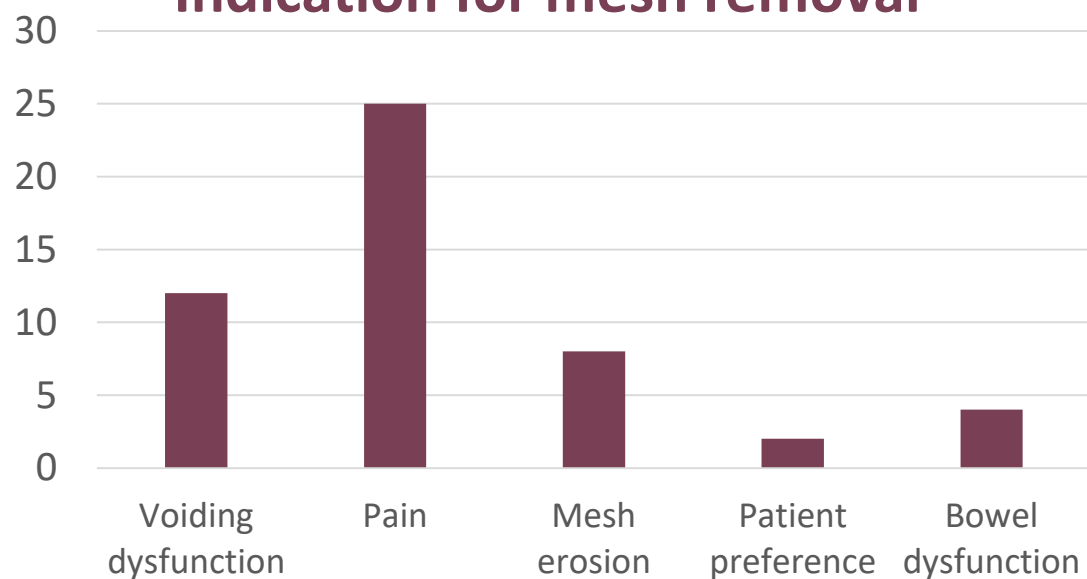
- From October 2017 to February 2019, forty women underwent transvaginal mesh removal, age range from 42-70 years. 34 of 40 completed the audit (85% response).
- 46 mesh devices were removed from 40 women
 - 34 sub-urethral slings (urinary incontinence)
 - 10 Tension-free Vaginal Tape (TVT)
 - 24 Trans-Obturator (TVT-O)
 - 11 Prolapse Mesh (TVM = Total Vaginal Mesh)
- Surgical complications include six wound infections, one urinary tract infection and one post-operative urinary retention.

- Pain was present immediately in 22/40 women (55%), indicating post-surgical neuropathy
- Pain was the main indicator for mesh removal, reported in 25/40 women (49%).

Time from insertion to onset of pain



Indication for mesh removal



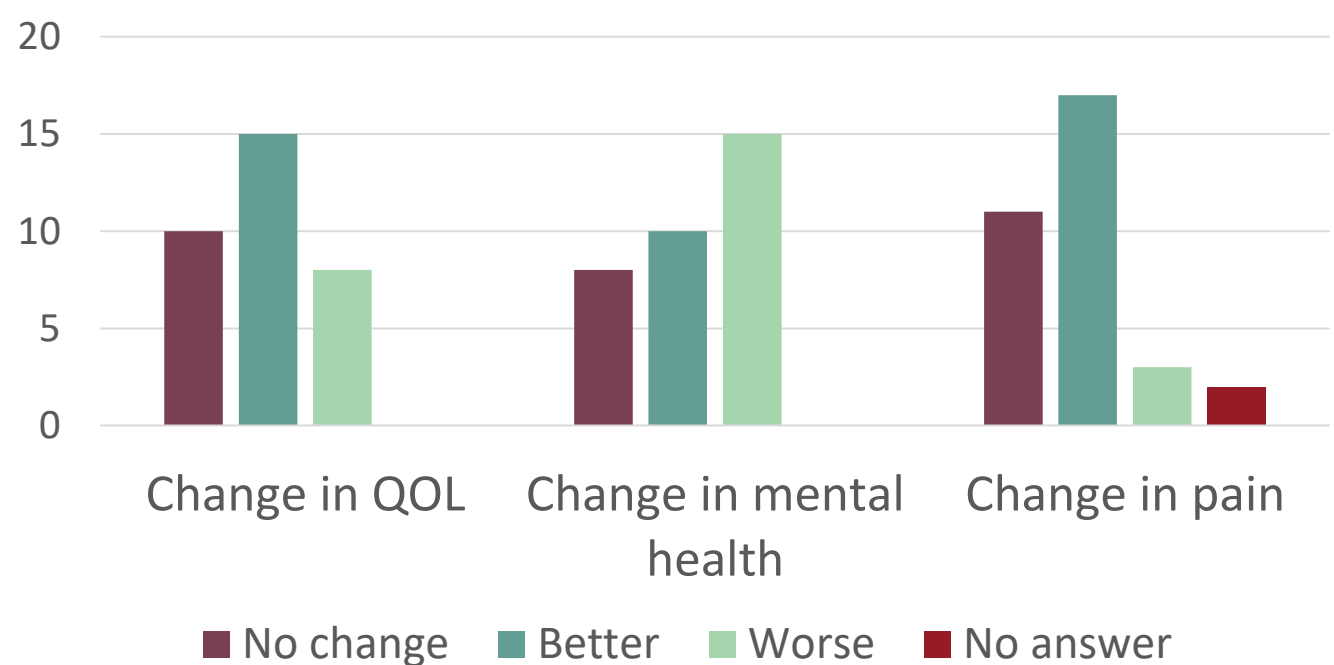
Method

- A retrospective clinical audit was conducted of all mesh removals performed by one surgeon (TV) at an interdisciplinary tertiary clinic for pelvic pain. Removal is one part of their overall management plan.
- Data recorded included clinical symptoms, mesh type, surgical technique, symptoms before removal and patient reported clinical outcomes after removal.
- An online survey was sent via email and text to include the patient reported pelvic symptoms, overall quality of life, mental and general health since removal.

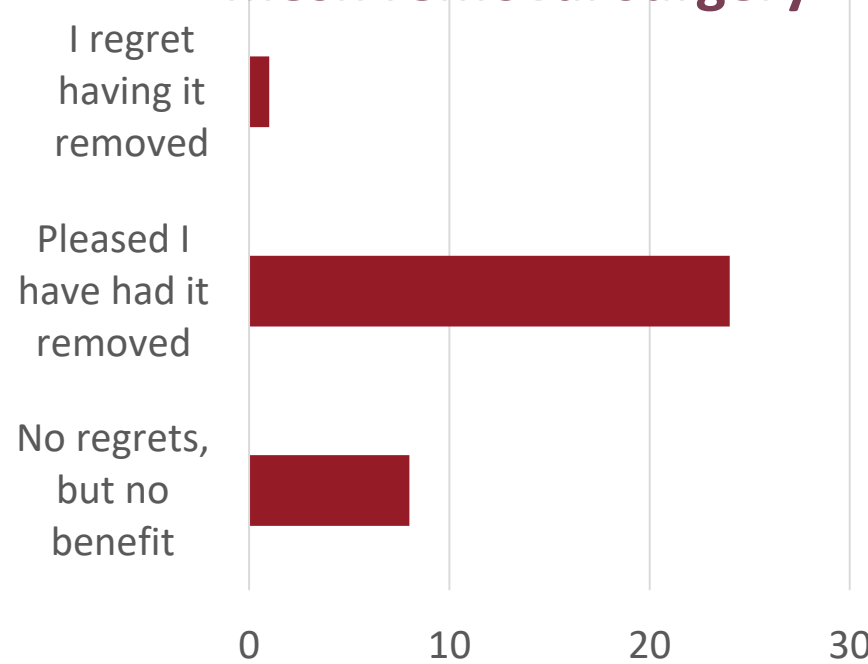


TVT mesh cut in centre, removed trans-vaginally and trans-abdominally

Outcomes following mesh removal



How do you feel about your mesh removal surgery



Conclusion

- Pain was improved in 17/33 of respondents (51.5%) however mental health was worse in 15/33 (45.5%) after removal.
- This audit adds weight to Lee and colleagues (2013) suggestion that women should be forewarned that some trans-vaginal mesh complications are life-altering and might not always be surgically correctable.

References

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