

EP19.10. SUI following a failed TOT: 3D-EVUS in diagnostics

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Introduction

Stress urinary incontinence (SUI) affects one in three women, significantly impacting quality of life. It involves involuntary urine leakage due to increased intra-abdominal pressure and is linked to aging, childbirth, and obesity. While pelvic floor exercises offer symptom relief, many require surgical intervention. Midurethral sling (MUS) procedures are the gold standard, though failures may necessitate secondary interventions.

Case Report

A 49-year-old woman, presented with recurrent SUI. She had undergone transobturator tape surgery (TOT) in 2012, with initial success. Her symptoms recurred after a traumatic event, supporting a falling obese relative, causing a "tearing" sensation in her pelvis. Pelvic exam showed paravaginal defect. High-frequency endovaginal ultrasound with 3D imaging (3D-EVUS), confirmed the left TOT arm was disrupted. Urodynamics revealed VLPP:138 cmH₂O. Patient-reported scores reflected severe symptom burden (UDI-6:12, IIQ-7:18).

Given TOT failure, retropubic transvaginal tape (TVT) was performed. She was discharged on postoperative day one, with no retention. At three-month follow-up, SUI had resolved, with no urgency or voiding dysfunction.

Conclusion

In recurrent SUI, timely and accurate diagnosis is crucial to ensure appropriate management and prevent prolonged patient distress. Retropubic TVT provided superior urethral support, making it the preferred revision choice, creating the double mesh view. High-frequency endovaginal ultrasound with 3D data acquisition is crucial in identifying mesh failure and preventing misdiagnosis. Incorporating advanced imaging in routine evaluations enables individualized surgical planning, which is essential for optimal outcomes.

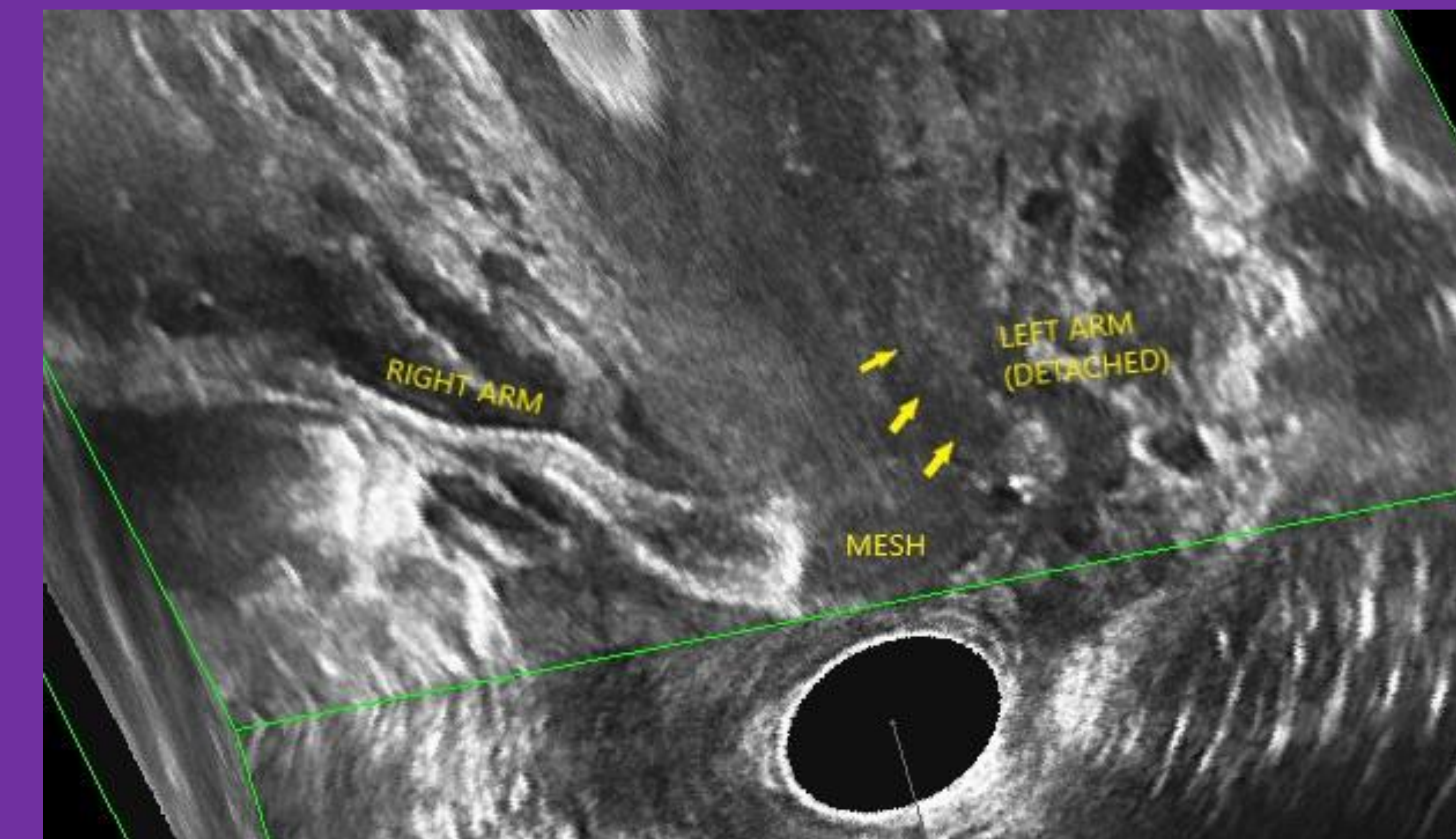


Figure 1. "Mesh Left Arm Detached."

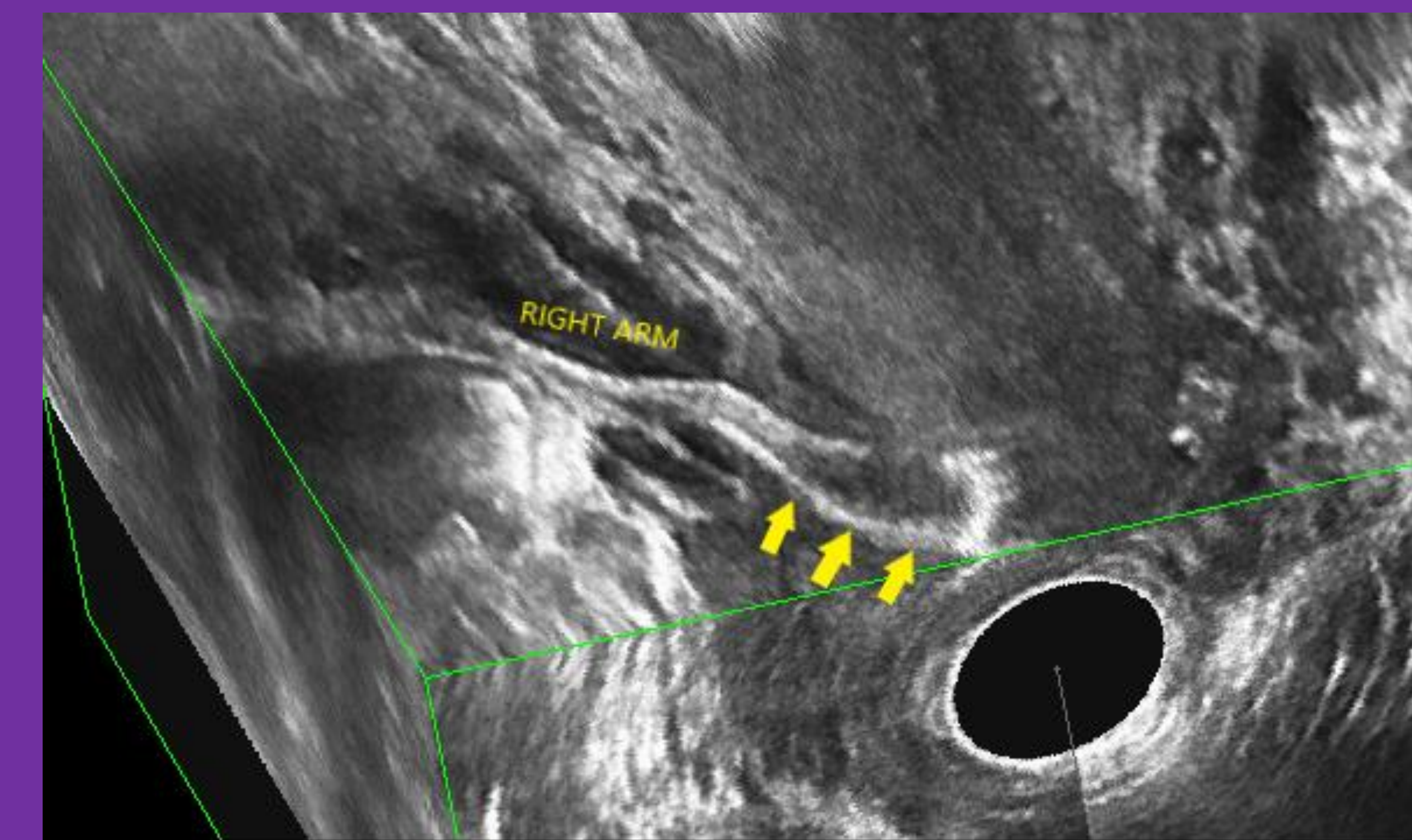


Figure 2. Mesh Right Arm