

Surgical dilemmas in the management of suspected urethral erosion after transobturator tape placement: A case report

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Introduction:
•Management of complications after midurethral sling surgery remains challenging when diagnostic findings are inconclusive.
•Key controversies: extent of mesh excision, timing of repeat anti-incontinence surgery, and need for tissue interposition.
•This case illustrates these surgical decision-making dilemmas.

Materials and methods:
44-year-old woman; three previous vaginal deliveries; TOT placed for stress urinary incontinence.
•At 6 months: vaginal exposure of the left mesh arm treated with partial transvaginal excision.
•One year after the initial procedure: recurrent stress urinary incontinence and dyspareunia.
•Cystoscopy suggested urethral mesh erosion; pelvic MRI showed no convincing evidence of erosion.
•Transvaginal ultrasound was not performed.
•Staged approach after counselling: excised the remaining vaginal tape portion; preserved transobturator arms (no groin pain).
•Concomitant continence surgery was deferred.



Fig 1 cystoscopy- urethral erosion

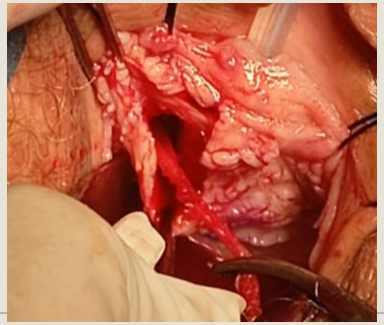


Fig 2 mesh removal



Fig 3 mesh removed

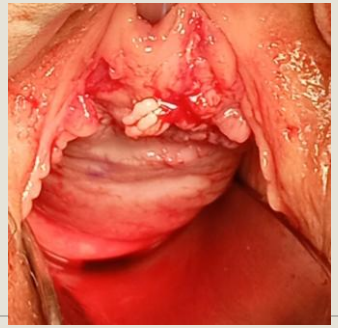


Fig 4. repaired vagina

Results:
•Midline vaginal incision and layered dissection; sling dissected to the inferior pubic ramus.
•No intraoperative urethral injury; leak test was negative.
•Martius flap interposition was not performed.
•Closure without overlapping sutures; urethral catheter maintained for 3 weeks.
•At 3 months: persistent stress urinary incontinence, with no other complications; staged anti-incontinence surgery planned.

Conclusions:
•Mesh complications after TOT require individualized, careful decision-making.
•Management was influenced by discordant cystoscopy and MRI findings and the absence of preoperative ultrasound.
•Key decisions included partial versus complete mesh excision, staging continence surgery, and selective use of a Martius flap.
•Individualized surgical planning and shared decision-making may optimize outcomes while minimizing morbidity.