# O7

## PATIENT REPORTED OUTCOMES AND QUALITY OF LIFE IN PATIENTS WHO HAVE UNDERGONE MESH REMOVAL – DO CLINICAL OUTCOMES CORRELATE WITH PATIENT SATISFACTION?

*A.Pati-Alam, K. Kapriniotis, T. Greenwell, J. Ockrim, H. Gresty*
*University College Hospitals NHS Trust, UK*

Introduction

Mesh complications are managed in specialist centres. Patient reported outcomes (PROM) are less frequently documented. From our PROM data, we report disease-specific and quality of life (QOL) outcomes for this initial cohort.

Methods

A prospective database of mesh removal patients was retrospectively analysed assessing baseline and post-op PROM in pain using Bladder Pain Index (BPI), lower urinary tract symptoms (LUTS) and continence using Bristol Female LUTS (BFLUTS), satisfaction with surgery using Internal Consultation on Incontinence Questionnaire (ICIQ-S) and QOL by the EQ5D5L score. Data was analysed using paired t-test, and correlation indication by Pearson coefficient with p value of $<0.05$ was considered significant.

Results

Of 62 patients treated, 40 have pre-op and 14 have matched pre- and post-op data. Of these 14 patients, 4 had tension-free vaginal tape, 4 had trans-obturator tape, 1 had both, 4 had anterior prolapse mesh and 1 had Gore-Tex bladder neck mesh. Indications for mesh removal was urinary extrusion in 6, vaginal exposure in 5; 2 of these 11 patients had both. LUTS and pain were the indications for mesh removal in 3 and 1 patients respectively, although 11 of the 14 patients had pre-op pain. 4 patients had fistulas closed during mesh removal. 1 had a fascial sling during retropubic mesh removal.

Results of pain, continence and bother relating to LUTS is displayed on Table 1. Sub-analyses according to indication did not reach statistical significance.

13 patients completed the EQ5D5L health index rating 'your health today' from 0 to 100. Mean difference between pre- and post-op score was 8 (median 5, range -10 to 30) which was significant ($p=0.028$). Median total ICIQ-S score was 20 (mean 19; range 10 to 24).

Conclusion

This data is encouraging in this small proportion of our overall cohort. Our data collection continues.