

O8

PATIENT CHOICE FOR TOTAL OR PARTIAL MESH REMOVAL SURGERY

R. E. Moffat, N. Chohan, K. Guerrero

Introduction

Management of complications associated with the use of mesh-implants can lead to surgical intervention. Specialist Mesh Centres have now been commissioned offering both partial and total implant excision surgery.

The aims of this study were to assess the number of patients choosing partial versus total removal at our mesh centre.

Methods

Data was collected from clinical records of patients discussed at the Complex-Mesh multidisciplinary team meetings (Feb21 - Sep22).

Results

178 patients were discussed, 95(53%) of which opted for surgery. Of these 33(35%) had undergone previous mesh revision surgery prior to referral.

The average age was 60yrs(range 37-82yr) and did not vary significantly between patients with previous surgery versus no previous surgery,(58 vs 60yrs). Patients presenting with mesh perforation were older.

There was no difference in average age(60yrs) between SUI implants, however patients with prolapse mesh were slightly older(64yrs).

Of the patients who had previous revision surgery, the majority 23/33(70%), chose to have total mesh removal. This is higher than in patients who had not previously undergone mesh surgery where only 34/62(55%) opted for total mesh removal.

Patients whose main problem was organ perforation/fistula, were less likely to choose total mesh removal(18%) as opposed to patients with sepsis or pain (75% & 80% respectively).

Patients with transobturator or retropubic tape were more likely to opt for total mesh removal (71% and 67% respectively) than patients with prolapse mesh(11%).

Of patients with multiple implants, the minority chose total mesh removal(43%).

Conclusions

Although total mesh removal was the most common choice of procedure, patients with previous revision surgeries were more likely to choose this

Total mesh removal was more common in patients with pain or sepsis than in patients presenting with exposure or organ perforation/fistula, and in SUI implants vs Prolapse meshes.