



Las Vegas Urogynecology

7500 Smoke Ranch Road - #200

Las Vegas, NV 89128

Telephone: (702) 233-0727

Fax: (702) 233-4799

Mesh Complications Associated With Surgery For Female Pelvic Organ Prolapse (POP)

While the majority of patients do very well after surgery of prolapse, some patients may experience unsatisfactory results.

Vaginal mesh placement for POP is associated with risks to the patient including vaginal extrusion, erosion, sexual dysfunction, urinary tract injury, pain and other complications. Like with all surgeries, these complications may be due to surgical technique, the materials utilized, patient anatomy, or a combination of factors.

It is also important to recognize that many of these complications are not unique to mesh surgeries and are known to occur with non-mesh POP procedures as well. In patients with postoperative symptoms that are not clearly caused by a mesh complication, removal of vaginal mesh may not improve the symptoms, and in fact may worsen their condition.

I am frequently asked to see women who have had prior surgery and are currently experiencing problems.

Each woman who has experienced complications after surgical mesh placement may come in with very different symptoms.

- **Mesh Exposure:** When skin of the vagina does not heal over the mesh and mesh is now visible on examination or felt by the patient.
- **Mesh Erosion:** When mesh perforates bowel or bladder – these are very rare complications, and almost always require re-operation.
- **Pain with intercourse/ bladder/pelvic pain:** Even if mesh is properly covered by the vaginal skin (mucosa), sometimes patients may experience pain. Many times this symptom resolves with time, but sometimes additional surgery is required.
- **Difficulty urinating, new onset incontinence, urinary frequency, urgency:** All of these symptoms are possible whenever surgery is performed on female pelvic organs, and may or may not be due to mesh. Most of these resolve with time, medications or physical therapy, but only a few of these patients require re-operation.

The Most Important Tools For Evaluation Are:

Thorough History and Physical Examination: Frequently just listening to your symptoms and doing a pelvic examination will tell me where the problem lies.

Please bring previous medical records - the most important record is an operating report from your previous surgeon.

Cystoscopy and Vaginoscopy: I will look inside your bladder and also inside the vagina with a small telescope. This is usually a painless procedure done in the office.

Urodynamic Evaluation: I refer to this test an “EKG” of the bladder. During this test I will be able to tell the size of your bladder, nerve activity of the bladder and muscle strength of your bladder and sphincter muscles.

It is very important to realize that if patients are satisfied with results of prolapse surgery, there is absolutely no need to remove the mesh.

If problems persist, the approach is to do as little surgery as possible, rather to just address the symptoms. There is very rarely a need to remove the entire mesh.

Surgery may be as simple as placing a couple additional stitches, to as complex as removing a large portion of mesh.

Eighty percent of the time I can correct a problem with one surgical procedure, however, there are times when several procedures may be required. Nevertheless, more than 95% of women are eventually relieved from complications of prior mesh procedures.