

## Introduction

Extreme controversy surrounds pelvic mesh and mid urethral sling devices used to treat patients with stress urinary incontinence (SUI). Transobturator suburethral slings are a modified version of the original suprapubic tension-free vaginal tape (TVT) slings and have become a popular choice amongst gynecologist for treatment of SUI. They are very effective in treating stress incontinence and are relatively easy to place. On its course, these meshes travel through several pelvic muscles and come in close proximity of important nerves and therefore have high possibility for causing pain (Figure 1). Recently the FDA issued a warning on potential pain complications of pelvic mesh. The aim of our study was to determine quality of life in patients with pain caused by transobturator sling devices.

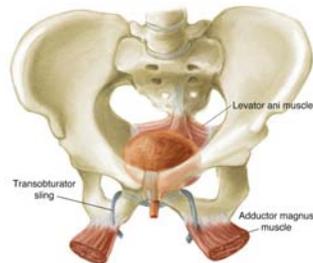


Figure 1: Transobturator suburethral sling

## Methods

Data was collected via a retrospective chart review from our practice. Patients' completed a pre-operative questionnaire in clinic prior to their initial consultation – SF-36. Information regarding their diagnosis and symptoms were retrieved from the electronic medical record and their symptom improvement were noted post operatively. Our mesh patients' SF-36 scores were then compared to other chronic disease populations to compare both physical and mental quality components of life. Lower scores indicate poor quality of life.

## Results

There were 19 female patients, median age of 50 with a standard deviation of 11. Mean SF-36 scores for the transobturator sling group were 29.5 on the physical component and 36.0 on mental component. No common past medical history between all 19 patients, however all received mesh for pelvic prolapse.

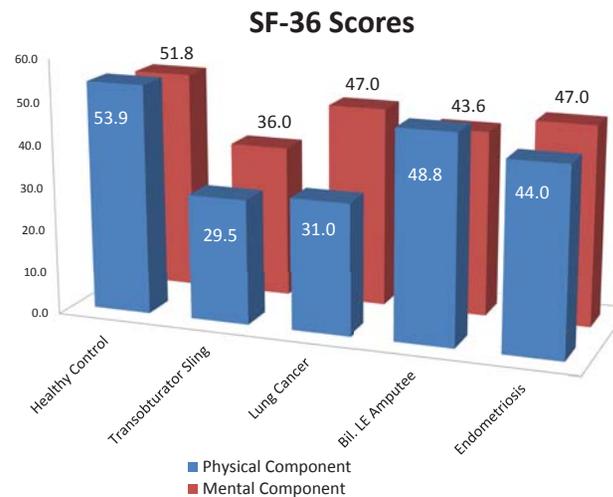


Figure 2: Mean SF-36 scores for healthy controls, mesh pain and patients with serious chronic conditions.



Figure 3: Groin incision



Figure 4: Mesh explant - groin

## Discussion and Conclusions

From the data it is clear that patients with chronic pelvic pain experience severe disability. Their SF-36 scores are lower than patients with other chronic serious medical conditions scoring 29.5 and 36.0 on the mental and physical components respectively. Not only is the physical pain severe, but the mental disability that accompanies their pain is also severe. Chronic pelvic pain patients have notably lower SF-36 scores when compared to other chronic disease processes such as lung cancer, bilateral lower amputee and endometriosis patients. This study shows that pelvic pain is indeed a serious disability in this population and should be treated as such. It should also serve as warning of potential serious complications of mesh to patients and physicians.

## Acknowledgements

Special thanks to Dr. Hibner and Dr. Castellanos for their guidance with this study.

## References

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