

Management of Migrated Intravesical Staples Post Laparoscopic Colposuspension

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A 43 years old female presented with recurrent urinary tract infections. Her past history included a laparoscopic colposuspension aged 33 years in which mesh was stapled to the ileopectineal ligament. She developed recurrent incontinence 12 years later and underwent transvaginal tape insertion. Cystoscopy revealed two encrusted staples in her bladder which had migrated following her colposuspension. They were located adjacent to the left ureteric orifice and on the right had side of the bladder wall (**Figures 1 and 2**). Plain X-ray revealed tacks along the pelvic brim (**Figure 3**). She was initially managed conservatively with antimicrobial prophylaxis but continued to complain of left sided pelvic pain and infections. Using a suprapubic approach a laparoscopic port was inserted into the bladder and the encrusted staples were grasped with rigid forceps via the port. The adjacent urothelium was incised cystoscopically using a holmium laser, the staples removed and a catheter placed for seven days. At 6 months postoperatively the patient was infection free.

Management of iatrogenic foreign bodies following incontinence procedures has been documented with pain and infections being frequent presenting symptoms.⁽¹⁾ Transurethral endoscopic excision is used to treat mesh erosions, but a modified technique can remove bladder staples effectively.^(2,3)



Figure 1. Staples are located adjacent to the left ureteric orifice.

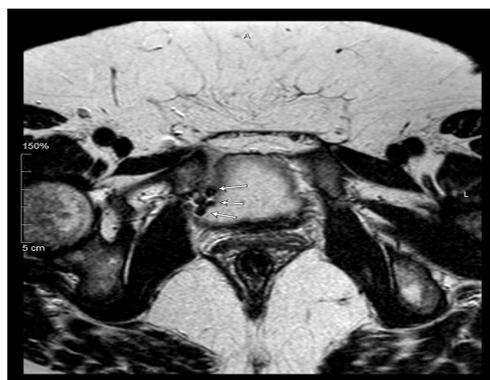


Figure 2. On the right staples had side of the bladder wall.



Figure 3. Plain X-ray demonstrates tacks along the pelvic brim.

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