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Title: Small bowel obstruction secondary to mesh erosion – a rare long-term complication of laparoscopic mesh sacrohysteropexy.

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A 77-year-old female who underwent uncomplicated laparoscopic mesh sacrohysteropexy (LMH) in 2009 for uterine prolapse presented with features of small bowel obstruction (SBO), confirmed on abdominopelvic CT scan. At laparotomy, the sacrohysteropexy mesh was seen to have eroded into the small bowel causing complete obstruction complicated by ischaemia and perforation. No adhesions were present. Following resection and primary anastomosis, the patient was transferred to the intensive care unit (ICU). Although rare, cases have been reported of SBO occurring secondary to the use of a synthetic mesh in LMH. To our knowledge, we report the first case of SBO directly attributable to erosion of mesh into the small bowel itself, occurring several years after LMH. Given the increasing frequency of women opting for the surgical management of pelvic organ prolapse (POP) which involves techniques using synthetic mesh, it is important to consent patients appropriately of such life-threatening risks and to equally focus on the development of surgical techniques and mesh materials which aim to minimise such complications. (Up to 250 words)

Figures if any (BW/Color):

Figure 1



Biography

Dr Kiranpreet Gill MBBS BSc (Hons) AICSM graduated from Imperial College London in 2017. She won the John Adamson Prize, as well as passing finals with a Distinction in Clinical Practice. She is currently practicing as a FY1 Doctor in General Surgery at West Middlesex University Hospital in London. She is working with Mr Constantinos Simillis, a consultant in General Surgery and Colorectal Surgery. (Up to 100 words)

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