



## P41. PERSISTENT GROIN PAIN FOLLOWING TRANSOBTURATOR TAPES: MANAGEMENT WITHOUT EXCISION OF THE TAPE

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**Objective:** To determine if combined steroid and local anesthetic was effective for pain relief in a patient with persistent groin pain following transobturator tape.

**Method:** Retrospective case report in a urogynecology clinic, Istanbul, Turkey

**Patient:** A 52-year-old multi-parous woman, presented with bothersome SUI confirmed by urodynamic investigations. After unsuccessful pelvic floor exercises, an uncomplicated transobturator tape-obturator procedure was performed under general anaesthesia. She had a groin pain and had not improved by 3 months postoperatively despite analgesic use, ice, and physical therapy. The pain was unilateral on the right side of the patient and non-postural. The entry wound scars were all well-healed and without discernible mesh tails. Neurologic exam were grossly normal.

**Intervention:** Local infiltration of methyl-prednisolone (2 ml, 40 mg/ml) and bupivacaine (10 ml, 0.5%) into the most tender area, which was the entry wound scar.

**Main Outcome Measure:** Reduction in groin pain

**Results:** No side effects of treatment were noted. Patient reported significant reduction in her pain in the postoperative period. Follow-up was 3 months after treatment and she was pain-free at 3 months.

**Conclusion:** Surgeons should be aware that groin pain may persist in some patients undergoing Transobturator Tape procedure. In case of abnormal post-operative groin pain, before excision of the tape, surgeons should consider injection of combined local anesthetics and steroids.

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