

TVT surgery and a 52% incidence of asymptomatic dysuria.¹⁰ These figures suggest that asymptomatic dysuria is more common than symptomatic dysuria, illustrating the importance of follow-up care to assess dysuria.

In conclusion, TVT surgery should be avoided as much as possible for young people since it could be a risk factor of abscess formation, and appropriate follow-up after TVT is necessary to evaluate postoperative functional disturbances and to deal quickly with dysuria, inappropriate mesh position, and mesh erosion. We recommend tape removal and antibiotic therapy when TVT infection is suspected.

Author Contributions

Tomofumi Watanabe: Conceptualization; investigation; visualization; writing – original draft. Tomoko Sako: Conceptualization; data curation; writing – review and editing. Yusuke Tominaga: Investigation; writing – review and editing. Takuya Sadahira: Conceptualization; supervision; writing – review and editing. Takanori Sekito: Writing – review and editing. Atsushi Takamoto: Investigation; writing – review and editing. Kohei Edamura: Writing – review and editing. Yasuyuki Kobayashi: Investigation; writing – review and editing. Koichiro Wada: Data curation; investigation; writing – review and editing. Motoo Araki: Supervision.

Conflict of interest

The authors declare no conflict of interest.

Approval of the research protocol by an Institutional Reviewer Board

Not applicable.

Editorial Comment

Editorial Comment to A case of tape infection 19 years after insertion of a tension-free vaginal tape sling

Tension-free vaginal tape (TVT) surgery for stress urinary incontinence is strongly recommended by guidelines, but rarely results in severe complications.¹ In past reports, TVT has been associated with more bladder perforation than transobturator tape,² which is attributed to the route of tape insertion. Watanabe et al. reported a rare case of tape infection 19 years after insertion of a TVT.³ This case has potential importance to alert urologists to keep in mind that TVT surgery can cause severe infection. In the present case, both the

Informed consent

All informed consent was obtained from the subject.

Registry and the Registration No. of the study/trial

Not applicable.


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tape tips were against the lateral wall of the bladder. It is possible that the tape was already too close to the bladder wall when it was inserted, or that the tape loosened over time and injured the bladder wall. In addition, TVT surgery at a young age could increase the risk of infection in the future because radiation therapy, cancer, and chronic persistent inflammation of the bladder with dysuria can increase the risk of tape infection and abscess formation.

Obviously, the crucial point is to determine the indications for TVT surgery, including age, medical complications, and of surgical history, and to insert the tape in the appropriate position by the appropriate route. As for follow-up, we believe that abdominal ultrasonography, including residual urine measurement, should be continued in consideration of long-term complications after TVT surgery.

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Conflict of interest

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