

## Mesh Assessment: Need For Flexible Cystoscopy for Any Patient with Rec. UTI Mesh

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**Abstract :** Recurrent urinary tract infections (UTIs) in patients with mesh implants, particularly following pelvic or abdominal surgeries, pose significant clinical challenges. This paper investigates whether flexible cystoscopy is an essential diagnostic and therapeutic tool in managing such patients. With the increasing prevalence of mesh-related complications, it is crucial to explore how diagnostic procedures like cystoscopy can aid in identifying mesh-associated issues that contribute to recurrent UTIs. While flexible cystoscopy is commonly used to evaluate lower urinary tract conditions, its necessity in cases involving patients with mesh implants remains under debate. This study aims to determine the value of flexible cystoscopy in identifying complications such as mesh erosion, fistula formation, and chronic inflammation, which may contribute to recurrent infections. The research compares patients who underwent flexible cystoscopy to those managed without this procedure, examining the diagnostic yield of cystoscopy in detecting mesh-related complications. Furthermore, the study investigates the relationship between recurrent UTIs and the mechanical effects of mesh on the urinary tract, as well as the potential for cystoscopy to guide treatment decisions, such as mesh removal or revision. The results indicate that while flexible cystoscopy can identify mesh-related complications in some cases, its routine use may not be necessary for all patients with recurrent UTIs and mesh. The study emphasizes the importance of patient selection, clinical history, and symptom severity in deciding whether to employ cystoscopy. In cases where there are clear signs of mesh erosion or unexplained recurrent infections despite standard treatments, cystoscopy proves valuable. However, the study also highlights potential risks and discomfort associated with the procedure, suggesting that cystoscopy should be reserved for select cases where non-invasive methods fail to provide clarity. The research concludes that while flexible cystoscopy remains a valuable tool in certain cases, its routine use for all patients with recurrent UTIs and mesh is not justified. The paper provides recommendations for clinical guidelines, emphasizing a more personalized approach to diagnostics that considers the patient's overall condition, infection history, and mesh type.

**Keywords :** flexible cystoscopy, recurrent urinary tract infections, mesh implants, mesh erosion, diagnostic procedures, urology

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