Introduction
Stress urinary incontinence is a debilitating condition that affects nearly 35% of female population. Midurethral sling (MUS) placement is the mainstay of surgical potential complications. Pelvic floor ultrasound (PFUS) is well suited to evaluation of potential complications of MUS due to the echogenic nature of these synthetic mesh implants.

Methods
Retrospective study of all referred patients with suspected related MUS complications who received a PFUS as part of their workup. The findings were correlated with the clinical decision pathway in order to attempt to determine if the PFUS findings were of clinical value in the management paradigm.

Results
50 patients were included, 28 patients had insertion of a retropubic sling, 13 of a transobturator sling, 2 had both procedures, and 7 were unable to recall the sling type. Erosions were identified at PFUS related to the urethra, bladder and vagina, and were 12, 5 and 7 respectively. All erosions were confirmed surgically. In 25/37 operated patients were pain-free after the surgery; 19/37 experienced or had persistent incontinence after surgery. PFUS was helpful to clinicians in 27/50 cases; furthermore 16/50 cases were able to identify the location of the sling, which was causing the symptoms.

Conclusion
PFUS has helped in the surgical decision-making and planning in treating patients with midurethral sling related complications.