

Information for General Practitioners: Mesh implant for Pelvic Organ Prolapse

The Australian Commission on Safety and Quality in Health Care in consultation with key stakeholders has examined the safety and clinical aspects of the use of transvaginal mesh products for the treatment of pelvic organ prolapse and stress urinary incontinence and supports the subsequent Senate Community Affairs Reference Committee: **Transvaginal Mesh 2018 recommendation: to stop the use of transvaginal mesh products that are solely used for the treatment of most pelvic organ prolapse.**

Around 8 to 15% of transvaginal mesh procedures will have a complication, of which most are minor or temporary. However, some women have experienced severe complications, with some presenting with complications several years after the procedure.

In December 2017, the Therapeutic Goods Administration removed from the Australian Register of Therapeutic Goods mesh products that are solely used for the treatment of most pelvic organ prolapse (such as bladder, bowel or uterine prolapse) via transvaginal implantation.

What is the concern with pelvic mesh?

The majority of women have a good outcome from transvaginal mesh procedures. However, there are women who have suffered complications over the past decade that have reported serious pain and side effects from the use of transvaginal mesh products. Side effects include incontinence, severe chronic pain and trouble walking.

What is being done in South Australia?

SA Health is establishing a governance framework to support women who experienced issues after use of transvaginal mesh (hereafter 'mesh affected').

Lead clinicians from across South Australia, along with consumer advisors, are developing strategies to support 'mesh affected' women in South Australia.

SA Health will develop clinical referral pathways and dedicated pelvic mesh clinics, with support provided from a multidisciplinary team, including an Urogynaecologist, pain management specialist, clinical psychologist, pelvic floor physiotherapist specialist, continence specialist nurse, social worker and ultrasound specialist.

Although South Australia does not have an Urogynaecology unit recognised by Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG), South Australia does have surgeons recognised as having the appropriate skills in this field.

Support available

The **Pelvic Mesh Consumer Support Line: 1800 66 MESH (1800 666 374)** has been established for 'mesh affected' women and clinicians seeking support or information about transvaginal mesh. This phone service is operational 9am - 4pm, Monday to Friday (excluding public holidays).

Information for women can be found at www.sahealth.sa.gov.au/pelvicmesh.

Symptoms of pelvic mesh complication

Symptoms that may be associated with pelvic mesh implant complications include:

- > Pain that is not improving - low abdominal, pelvic, groin, thigh or buttock pain
- > Poking / pricking sensation or spasms in the pelvic area
- > Woman or sexual partner feeling the mesh through the vaginal wall
- > Pain (either woman or sexual partner) during sexual intercourse
- > Abnormal vaginal bleeding or discharge
- > Difficulty with bladder emptying
- > Pain associated with urination
- > Recurrent bladder infections
- > Abscess or swelling at the mesh insertion or exit sites.

What GPs should know about the treatment of women who experience pelvic organ prolapse and stress urinary incontinence

Stress urinary incontinence and pelvic organ prolapse are different conditions, although both can be present in the same woman. Each requires separate assessment, and detailed assessment of each condition is required to be documented and measured in patient notes. Surgery for the two conditions may be performed concurrently.

In spite the withdrawal of vaginal mesh to treat pelvic organ prolapse, sub-urethral sling (mesh) placement is still the most appropriate surgery for most women who require an operation to treat stress urinary incontinence.

How to approach treatment of women if mesh complications are suspected

A range of treatment options are available for the management of complications associated with transvaginal mesh procedures, including counselling, pain management, specialist pelvic floor physiotherapy and removal of the mesh. Patients with asymptomatic prolapse do not necessarily require surgical management.

Women who have had mesh inserted and are exhibiting symptoms should have a physical examination of their abdomen, pelvis and vagina. A pelvic ultrasound is required, as well as referral to a gynaecologist or gynaecologists with special interest in urogynaecology.

1. If possible, consult with the original surgeon. If you are unsure if mesh was used you can order a pelvic floor ultrasound to confirm the presence of pelvic mesh.
2. Refer to a gynaecologist with experience in managing women with mesh complications.
3. Report any suspected mesh-related adverse events to the Therapeutic Goods Administration.

Further information and resources

- www.sahealth.sa.gov.au/pelvicmesh
- [Australian Commission of Safety and Quality in Health Care SUI Patient information Resource](#)
- [Australian Commission of Safety and Quality in Health Care PoP Patient information Resource](#)
- Australian Therapeutic Goods Administration - www.tga.gov.au/reporting-adverse-events
- Australian Commission on Safety and Quality in Health Care - www.safetyandquality.gov.au/our-work/transvaginal-mesh
- Parliament of Australia Senate Enquiry- www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MeshImplants/Report.

For more information

Pelvic Mesh Consumer Support Line
C/- Continence Nursing Services, Family Clinics
Women's & Children's Division
Lyell McEwin Hospital
Telephone: 1800 66 MESH (1800 666 374)
Email: Health.PelvicMeshSupportService@sa.gov.au



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