

## **Consumer information for women who have had, or are considering having surgery to treat stress urinary incontinence and pelvic organ prolapse**

If you have been diagnosed with pelvic organ prolapse or stress urinary incontinence, the likelihood is that you will be offered surgery once non-surgical options such as physiotherapy have been exhausted.

Surgery for these two conditions usually involves a mesh insertion or implant. It might be called tape or a sling. It is all the same from a consumer perspective and these products are collectively known as mesh. The Therapeutic Goods Advisory Website has an updated list of complications associated with surgery using mesh. <https://www.tga.gov.au/alert/urogynaecological-surgical-mesh-complications>

Mesh implants have been offered to women since the late 1990s. The procedure is considered to be only partially reversible, and some women have travelled to America at their own expense to have mesh removed.

Before you consent to any surgical procedure, it is important to ask all the questions you need so you understand what you are consenting to. The Choosing Wisely campaign has created these questions to help you get started. <http://www.choosingwisely.org.au/resources/consumers/5-questions-to-ask-your-doctor>

### **1. Do I really need this test or procedure?**

Tests may help you and your doctor or other healthcare provider determine the problem and the procedures that may help to treat it.

### **2. What are the risks?**

Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?

### **3. Are there simpler, safer options?**

Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more. Another option to ask your doctor about is native tissue repair.

### **4. What happens if I don't do anything?**

Ask if your condition might get worse — or better — if you don't have the test or procedure right away. Stress urinary incontinence is not a life-threatening condition so consider carefully before undergoing any surgery. Do not consider surgery until all non-surgical options have been exhausted.

### **5. What are the costs?**

Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?

## **What help can I access?**

- There is a Facebook group called the Australian Pelvic Mesh Support Group which can connect you with women who have had these procedures.
- Shine Lawyers is one of the firms that is currently undertaking class actions in relation to mesh <https://www.shine.com.au/service/class-actions/prolapse-mesh-class-action/>
- Take this information sheet to your trusted health provider to discuss your current or future options

## Other activity nationally

- Currently, there is a Senate Inquiry into the use of mesh. It is specifically looking to discover how many women have had a mesh implant, the impact of these implants, what the consent processes were, what removal options are available, what the Therapeutic Goods Administration role has been in it. Women are invited to make a submission to the senate inquiry with their story.  
<http://www.healthissuescentre.org.au/news/detail/senate-inquiry-into-transvaginal-mesh-or-tape-implants>
- The Therapeutic Goods Administration is seeking information from members of the public about complications. <https://www.tga.gov.au/alert/urogynaecological-surgical-mesh-complications>
- The Australian Commission into Safety and Quality in Healthcare is also undertaking work develop guidance for consumers, clinicians and health services on the use of transvaginal mesh products for the treatment of pelvic organ prolapse and stress urinary incontinence.  
<https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/>

## Complications associated with use of Pelvic Mesh

These are listed on Australia's Therapeutic Goods Administration (TGA) website as follows:

<https://www.tga.gov.au/alert/urogynaecological-surgical-mesh-complications>

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| <ul style="list-style-type: none"> <li>• punctures or lacerations of vessels, nerves, structures or organs, including the bladder, urethra or bowel (these may require surgical repair)</li> <li>• transitory local irritation at the wound site</li> <li>• a 'foreign body response' (wound breakdown, extrusion, erosion, exposure, fistula formation and/or inflammation)</li> <li>• mesh extrusion, exposure, or erosion into the vagina or other structures or organs</li> <li>• as with all foreign bodies, mesh may potentiate an existing infection</li> <li>• over-correction (too much tension applied to the tape) may cause temporary or permanent lower urinary tract obstruction</li> <li>• acute and/or chronic pain</li> <li>• voiding dysfunction</li> <li>• pain during intercourse</li> <li>• neuromuscular problems including acute and/or chronic pain in the groin, thigh, leg, pelvic and/or abdominal area</li> <li>• recurrence of incontinence</li> <li>• bleeding including haemorrhage, or haematoma</li> <li>• seroma</li> <li>• urge incontinence</li> </ul> | <ul style="list-style-type: none"> <li>• urinary frequency</li> <li>• urinary retention</li> <li>• adhesion formation</li> <li>• atypical vaginal discharge</li> <li>• exposed mesh may cause pain or discomfort to the patient's partner during intercourse</li> <li>• mesh migration</li> <li>• allergic reaction</li> <li>• abscess</li> <li>• swelling around the wound site</li> <li>• recurrent prolapse</li> <li>• contracture</li> <li>• scarring</li> <li>• excessive contraction or shrinkage of the tissue surrounding the mesh</li> <li>• vaginal scarring, tightening and/or shortening</li> <li>• constipation/defecation dysfunction</li> <li>• granulation tissue formation.</li> </ul> |
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