



# The Use of Mesh in Urogynaecology: Tales from the UK!!

**Christian Phillips DM FRCOG  
Consultant Gynaecologist,  
Hampshire Hospitals, UK**



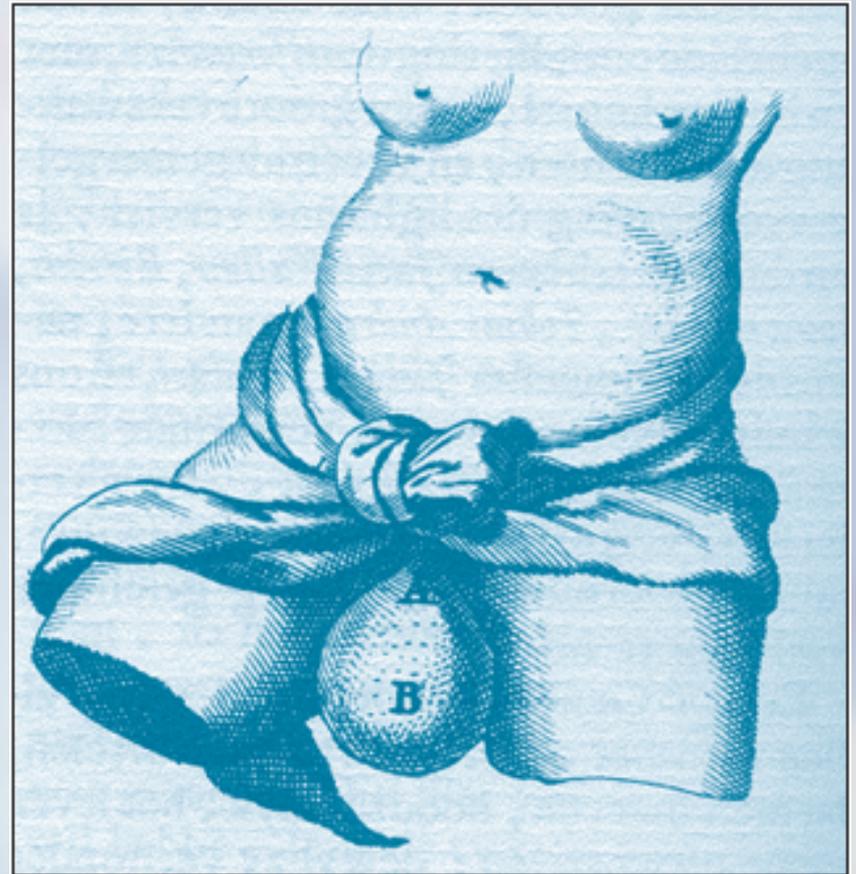
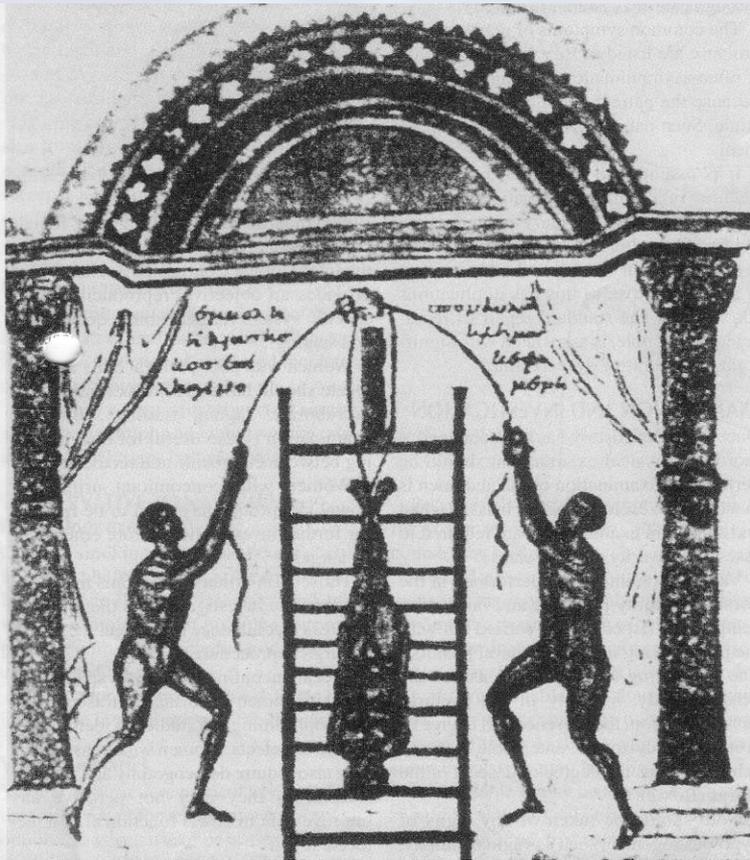
Once Upon a Time...



Land far, far away....



# Story of prolapse surgery....





# Traditional Prolapse Surgery

- Documented high “failure” / reoperation rates in prolapse surgery
- Reoperation rate of 29.2%.

Olsen et al. 1997

- ***Objectively.*** Anatomical anterior vaginal wall recurrence is high; up to 40%
- ***Subjectively.*** Re-operation rates for anterior recurrence are low; 5-10%

Shull 1992, Weber 2001, Abramov 2005



# What is really important?

- Age 3 not peeing in your pants
- Age 12 having friends
- Age 16 having a driving license
- Age 20 having sex
- Age 35 having money
- Age 60 having sex
- Age 70 having a driving licence
- Age 75 having friends
- Age 80 not peeing in your pants



# Why do they fail?

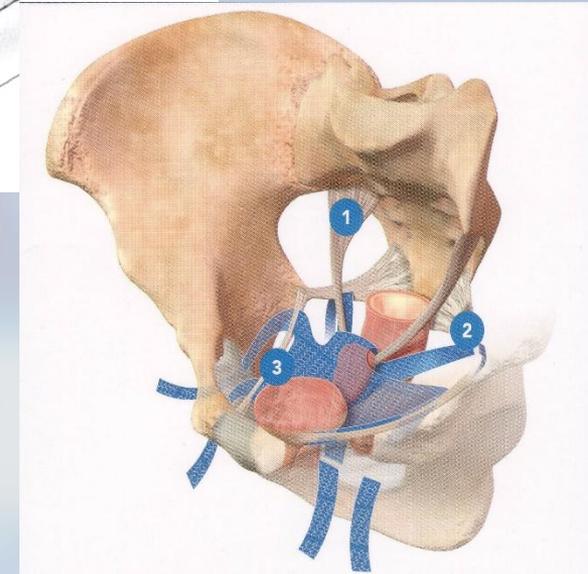
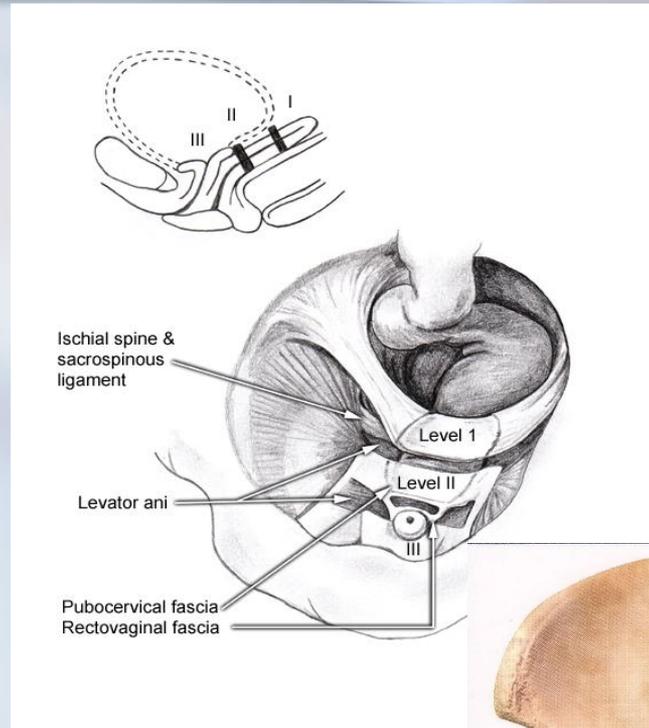
- Patient factors not addressed preoperatively: constipation, lifestyle, poor native tissue
- Surgeon factors: poor technique, variation in techniques
- Failure recognise apical (level1) defects



# Benefits of mesh

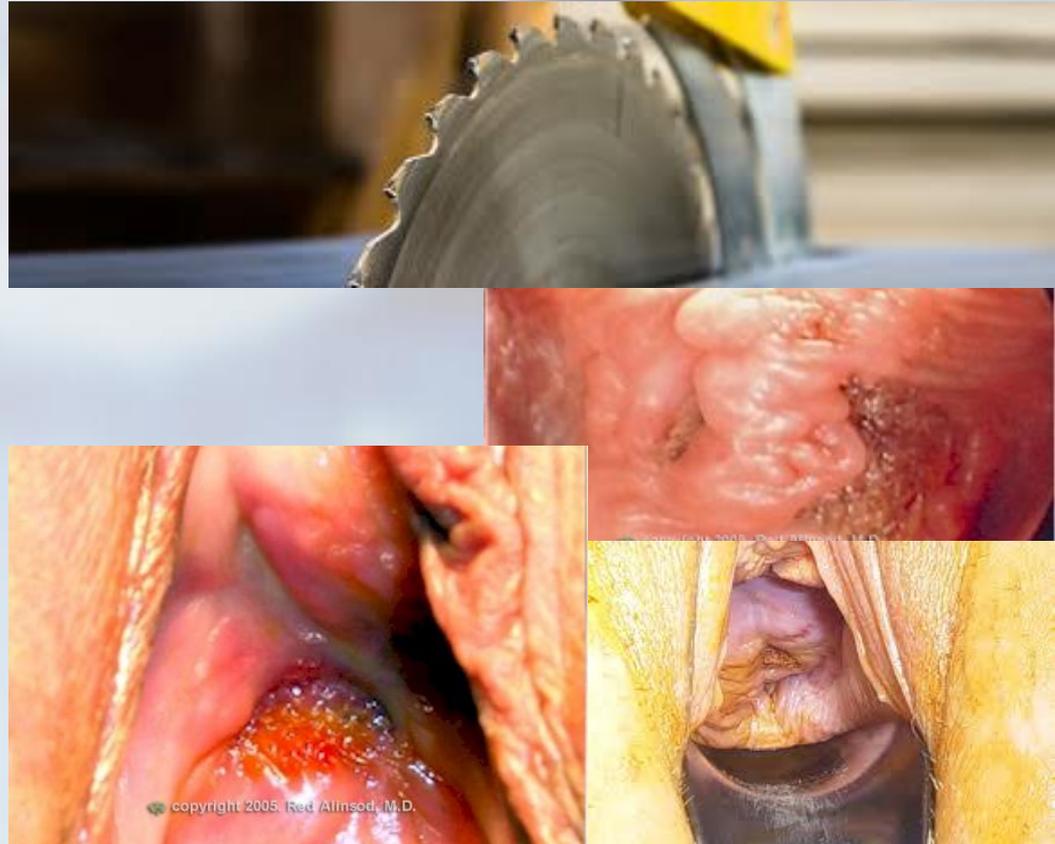
- Standardised
- Level 1 and 2 defects
  - Int Collaboration on Incontinence,  
L. Brubaker, 2008
- Durability: Better objective cure rates long term (esp. anterior compartment)

Cochrane Review  
C. Maher et al, 2013

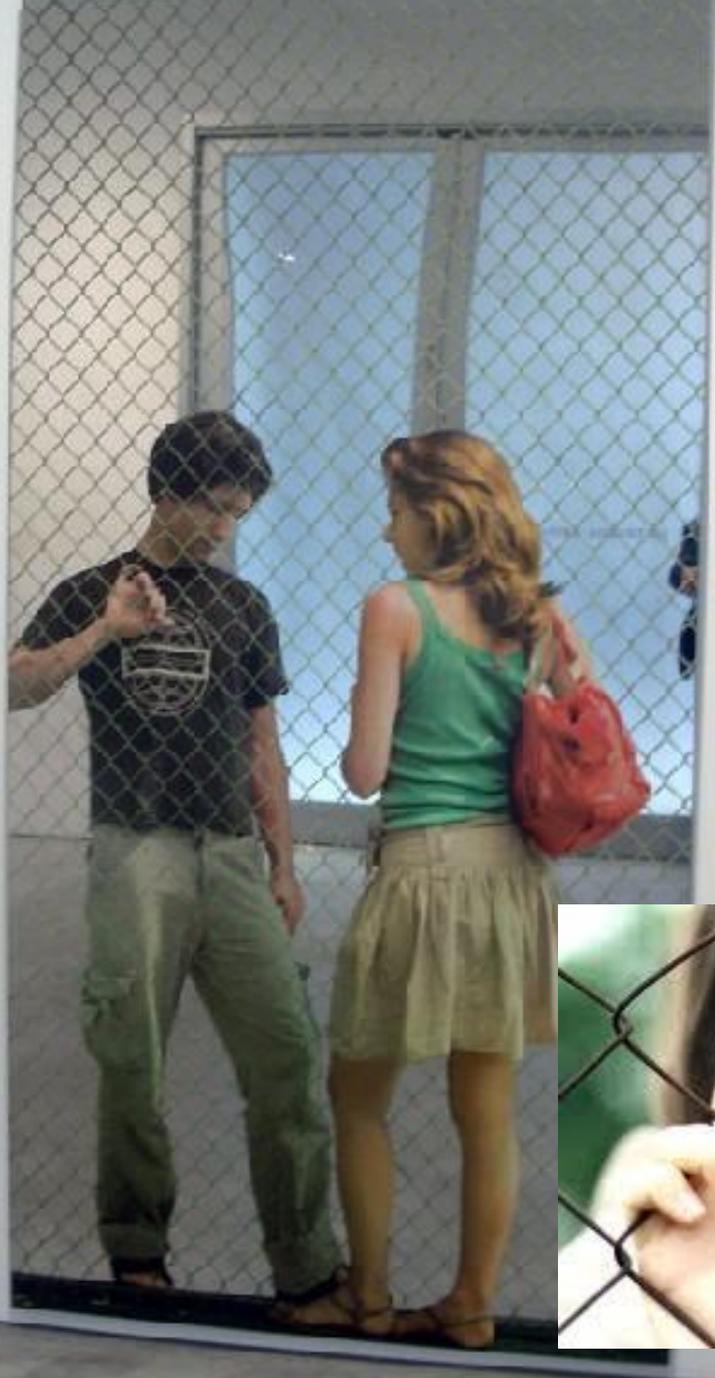


# Risks of Mesh

- Incidence of mesh exposure of 10.3 % (95% CI, 9.7-10.9%; range 0-29.7 %)
- 56 % (448/795) of patients required surgical excision
- The one randomized controlled trial (RCT) with 3 year follow-up found that 5% of patients had unresolved mesh exposure



Abed, H., et al., “Incidence and Management of Graft Erosion, Wound Granulation, and Dyspareunia Following Vaginal Prolapse Repair With Graft Materials: A Systematic Review,”*International Urogynecology Journal*, 22(7): pp. 789-798, 2011.





# FDA

**FDA Public Health Notification: Serious Complications Associated with Transvaginal Placement of Surgical Mesh in Repair of Pelvic Organ Prolapse and Stress Urinary Incontinence : UPDATE on Serious Complications Associated with Transvaginal Placement of Surgical Mesh for Pelvic Organ Prolapse, released July 13, 2011.**

# Patient pressure groups



**SCOTTISH GOVERNMENT APOLOGIZES  
TO MESH VICTIMS WHILE  
U.S. REMAINS SILENT**



**TVT MUM**

**Official TVT Mum Petition**

Petition raised on: 23rd January 2011

**Please can you sign  
our petition**

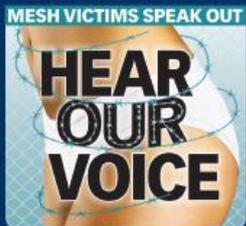
**Click here to sign >>>**

Thank you  
**care2**  
petitionsite



**MESH VICTIMS SPEAK OUT  
HEAR  
OUR  
VOICE**

**SCOTTISH  
MESH  
SURVIVORS**



# SCOTTISH MESH SURVIVORS





Sunday Mail August 2, 2015

# MESH HELPLINE GOES LIVE AT LAST

An NHS mesh helpline will open tomorrow to support hundreds of Scots women injured by the controversial implants.

The move comes almost two years after victims requested the service, which will offer physiotherapy advice on managing incontinence and pelvic organ prolapse symptoms.

Health Secretary Shona Robison said: "We have

■ Marion Scott

been working closely with the Scottish Mesh Survivors group to develop the helpline and I am pleased that it will be supported by an experienced physiotherapist."

The mesh helpline is available on Mondays between 10pm and 6.30pm and on Thursdays from 9am to 11am on 07824537938.



SUPPORT Robison



1000s of  
WOMEN HARMED  
BY MESH  
TOT TYT SLINGS  
EACH YEAR



JNJ HURTS WOMEN.ORG

HYATT REGENCY

JNJ HURTS



## Have You Suffered from Vaginal Surgery Mesh Complications?



THIS SITE IS BROUGHT TO YOU BY

**BEST LEGAL SOURCE™**  
**800-611-7080**

Getting the most money for your injuries starts

### TVM (TRANSVAGINAL MESH) WARNING

THE FDA HAS ISSUED A PUBLIC WARNING THAT TVM CAN LEAD TO SERIOUS AND PAINFUL COMPLICATIONS.

#### COMPLICATIONS INCLUDE

- PAIN AND INFECTION
- URINARY PROBLEMS
- BOWEL/BLADDER PERFORATION
- PAIN DURING INTERCOURSE

### Vaginal Mesh Helpline and Support Group

Transvaginal mesh Helpline is interested in hearing from women who have had the surgical mesh. "Tell us your story and communicate online with other women." Lisa Spitzer, MSW who runs the Transvaginal Helpline has heard so many "horror stories".

[Read More](#)



### Mesh Erosion Lawsuits

**FDA ALERT:** Recent studies show high failure rate and erosion with the use of Vaginal Mesh, Bladder Sings and ObTape. [Free Case Evaluation](#)

**WILLIS LAW FIRM 1-800-883-9858**

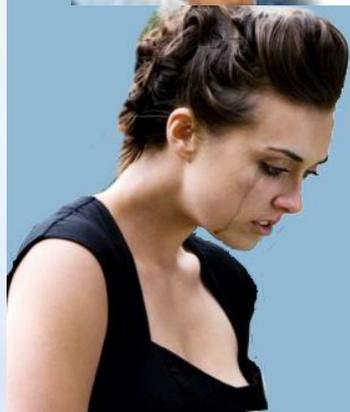


## Vaginal Mesh Implants **Lawsuit**

Have you or a loved one experienced complications with vaginal mesh implants?

[Get a Free Case Evaluation](#)

Fill out the form below to see if you are eligible.



REPRESENTING  
WOMEN INJURED BY  
**TRANSVAGINAL  
MESH IMPLANT**

## HAVE YOU BEEN DIAGNOSED WITH SEVERE INTERNAL INJURIES BECAUSE OF VAGINAL MESH?

Many women who have had a vaginal mesh implanted in the process of treating pelvic organ prolapse have been exposed to severe injuries internally, as well as urinary issues and other complications.

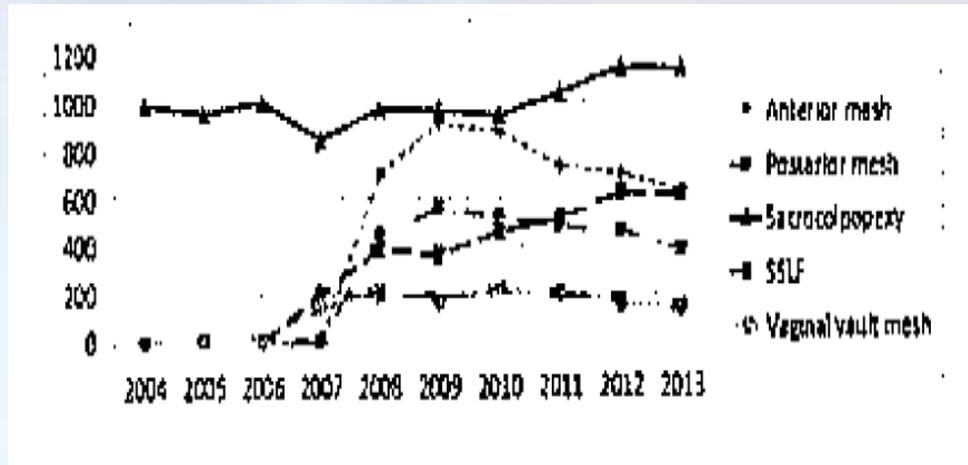


Factors to consider for vaginal mesh use in pelvic organ prolapse surgery.

Variable	Likely benefit	Possible benefit	Unlikely benefit	Not recommended
Age				
<50 years			●	
≥50 years		●		
Recurrent (same site)		●		
Cystocele/anterior compartment				
≥Stage 2		●		
≤Stage 2				●
Posterior compartment			●	
Apex (vault, cuff, and cervix)		●		
Deficient fascia		●		
Chronic increase intra-abdominal pressure		●		
Pain syndromes (local/systemic)				●
Possibility of pregnancy				●
Combination factors				
Recurrent + cystocele > Stage 2	●			
Recurrent + posterior compartment		●		
Recurrent + apex/cuff/cervix	●			
Recurrent + increased abdominal pressure	●			
Recurrent + deficient fascia	●			
Cystocele > Stage 2 + increased intra-abdominal pressure	●			
Cystocele > Stage 2 + Deficient fascia	●			



# Trends in Vault Prolapse Surgery in UK



- Vault procedures increased
- Mesh procedures reduced since 2009
- SSLF increased
- SCP most popular

Cardozo et al, 2015

So where do we go now in the UK?



# Laparoscopic Sacrocolpopexy

- Fully powered RCT: ASCP vs LSCP)
- P.O.M. PoPq pt C measurement at 1 year: no difference (6.63cm vs 6.67cm)
- Subjectively “Much better”: 90% vs 80%
- LASCSP lower blood loss, quicker discharge and RTW vs ASP

Int Urogynecol J. 2013 Mar;24(3):377-84.

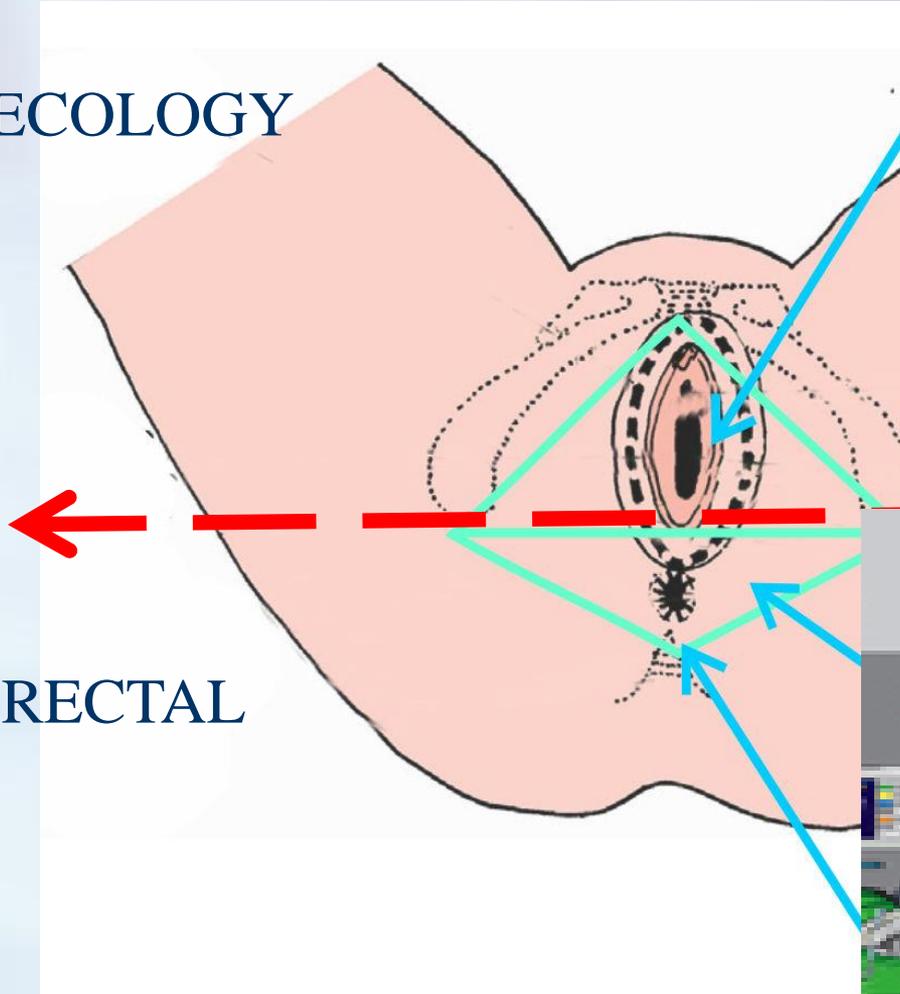
A randomised controlled trial of abdominal versus laparoscopic sacrocolpopexy for the treatment of post-hysterectomy vaginal vault prolapse: LAS study.

Freeman RM1, Pantazis K, Thomson A, Frappell J, Bombieri L, Moran P, Slack M, Scott P, Waterfield M.

# Who Should operate?

GYNAECOLOGY

COLORECTAL



# Female Pelvic floor symptoms are multifactorial

- Dragging
- Lump
- Dyspareunia
- Backache
- Poor voiding
- Incontinence
- Urgency / frequency
- Recurrent UTI's
- Obstructed defaecation
- Perineal splinting
- Faecal incontinence



# Multidisciplinary Approach



- Urogynaecologists:
- Colorectal:
- Urology:
- Radiology:
- Physiotherapist
- Nurse specialists
- Research practitioners
- REGULAR MDT's
- COMBINED CLINICS
- COMBINED OP LISTS
- Audit & governance infrastructure

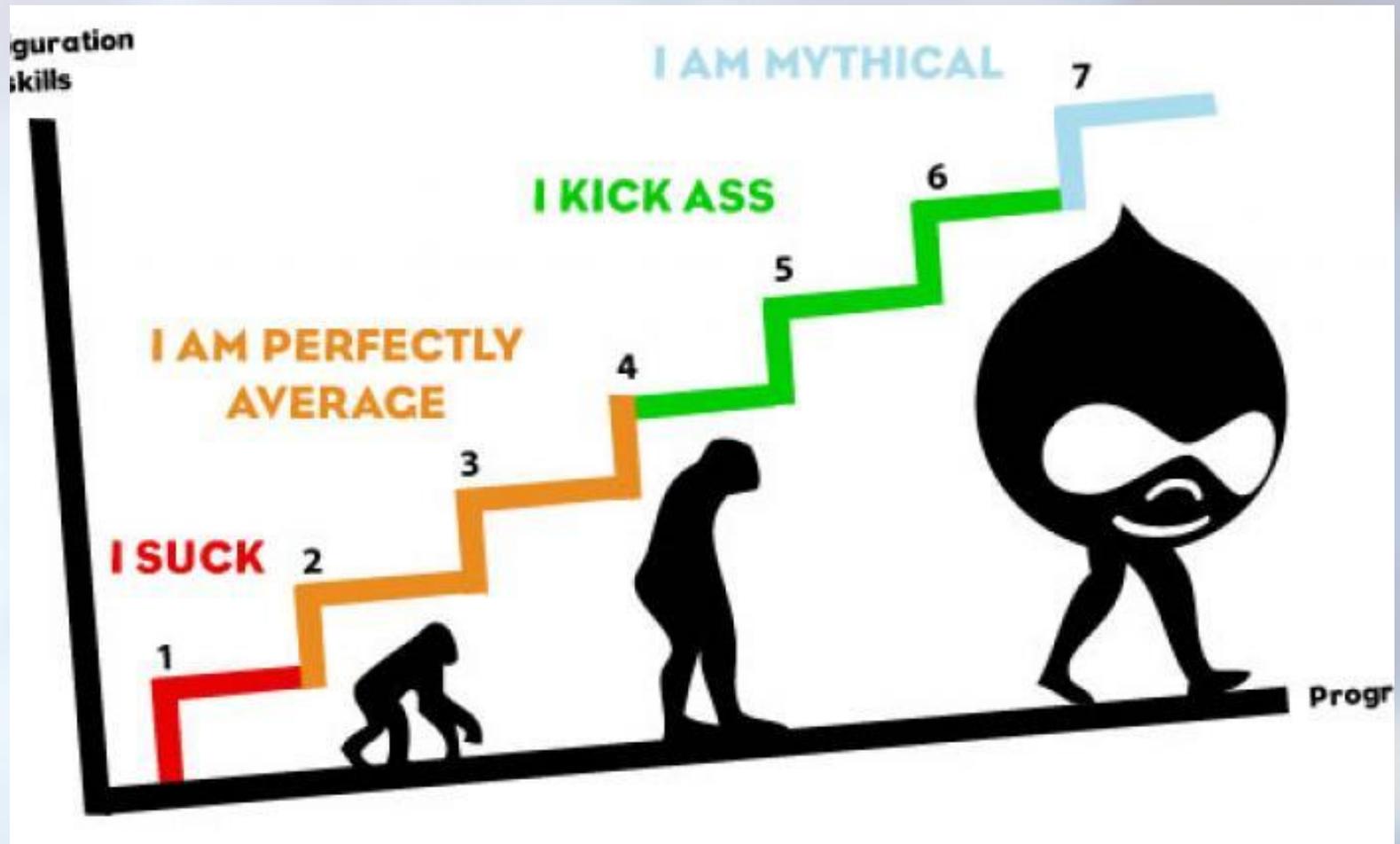




# Sacrocolpopexy after Vaginal Mesh



# Learning curve





# How do we ensure we don't have another ?

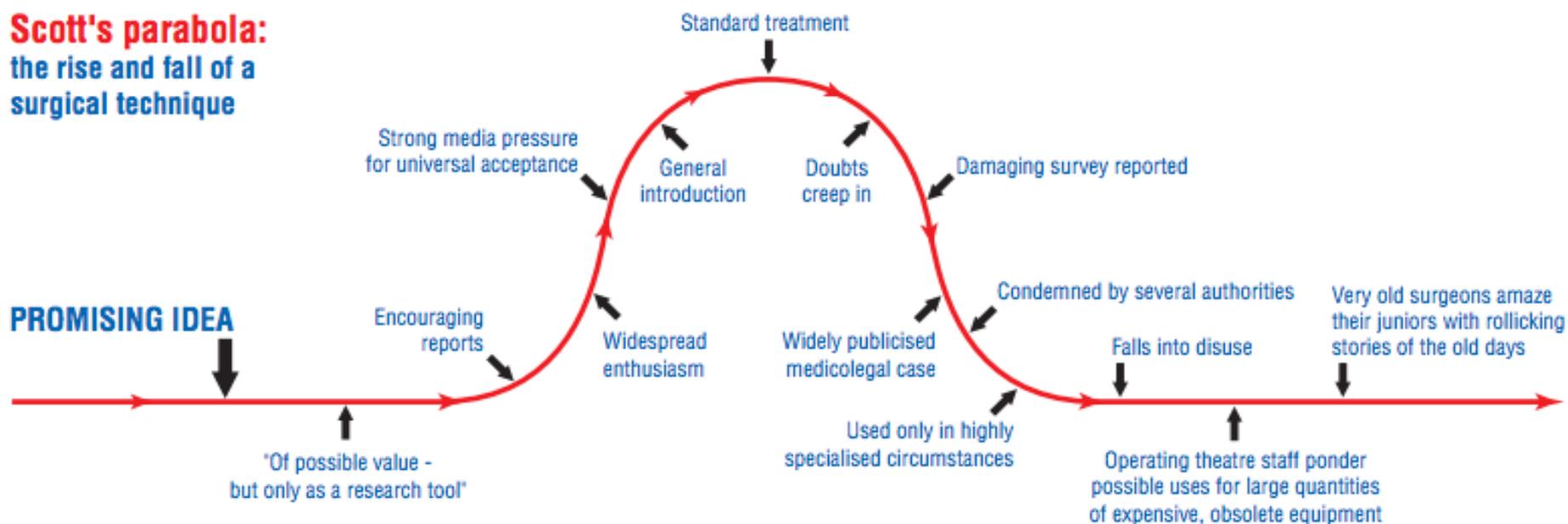
- Education / preceptors
- Accredited units
- Suitable volume (20 cases / annum)
- MDT
- Able to manage complications
- Audit data (BSUG database)
- Governance





# Scotts parabola

## Scott's parabola: the rise and fall of a surgical technique



J W Scott consultant gynaecologist, Poole Hospital NHS Trust, Poole, Dorset BH15 2JB

# ICS 2019

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**VOTING**

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**Voting & Nominations**

Current Votes

## Current Votes

### ICS 2019 Annual Scientific Meeting Chair

**Voting Started: 11/11/2015 13:00:00 GMT**  
**Voting Closes: 06/01/2016 23:45:00 GMT**

This vote is open to all members of the ICS to decide on the Chair of the 2019 ICS Annual Meeting. Please indicate your preference below:

**Karen Guerrero - Glasgow, UK**  
[View bid document](#)  
[Watch video](#)

**Ian Milsom - Gothenburg, Sweden**  
[View bid document](#)  
[Watch video](#)

**Bruno Deval - Paris, France**  
[View bid document](#)  
[Watch video](#)

**VOTE SAVED** on the 4th December 2015 at 18:45 from [87.115.70.122](#)

Hvala.

