University College Hospital

The use of mesh in surgery for urinary incontinence and prolapse

The Urogynaecology and Pelvic Floor Unit

The Female Functional and Restorative Urology Service

Why has this leaflet been produced?

The use of mesh in operations to treat prolapse and incontinence has received a great deal of media attention recently. We understand that this may have caused anxiety and uncertainty for women and their families. This information has been produced for women who may have had mesh surgery already, or those considering a mesh operation in the future. The content of this leaflet has been approved by the Urogynaecology and Pelvic Floor Unit, and The Female, Functional and Restorative Urology Service, at University College London Hospitals (UCLH).

What is mesh and why is it used?

'Mesh' is a term used to describe man-made materials that are implanted in the body during surgery. Mesh was introduced in gynaecology and urology to try and improve the effectiveness of some procedures for prolapse or incontinence. Like all surgery, mesh surgery has risks. These risks need to be balanced against the potential benefits of surgery, and the alternative treatments available.

What types of mesh surgery are offered at UCLH?

University College London Hospitals currently offer the following mesh procedures:

1. Mesh sacrohysteropexy for prolapse of the womb

2. Mesh sacrocolpopexy for vaginal prolapse after hysterectomy

3. Mesh midurethral sling for urinary incontinence, also known as a midurethral tape.

All of the above procedures have been reviewed and approved by the National Institute for Health and Care Excellence (NICE). NICE provide guidance for NHS staff and patients on the safety and effectiveness of treatments.

There have been several national and international reports on the safety and effectiveness of mesh surgery for prolapse and incontinence. These include the Scottish Government Independent Report and the NHS England Mesh Oversight Group Report, both published in 2017. These reports concluded that the procedures we offer at UCLH are safe and effective. A third European Commission report on the safety of surgical meshes made similar recommendations.

What are the risks of surgery?

The risk of complications related to the use of mesh depends on how the mesh is implanted and which particular surgical method is used. A guideline currently under development by NICE has recommended that mesh inserted through the vagina to treat prolapse should not be used except in medical research. This recommendation has been made because when mesh is implanted through the vagina, the risk of complications is high. The mesh procedures that are no longer recommended by NICE are different to the mesh surgery offered at UCLH. We do not use mesh inserted through the vagina to treat prolapse.

Specific risks associated with mesh surgery include vaginal exposure or erosion into nearby organs. Vaginal exposure means that the mesh becomes visible in the vagina. Erosion means that the mesh has eroded through the wall of the bowel, bladder or urethra (which is the tube that you pass urine from). These complications might cause pain, infection, or other symptoms, and often require additional treatment, including surgery.

The risk of mesh complications depends on the particular type of surgery performed. Our technique of mesh sacrohysteropexy has been used to treat prolapse of the womb for ten years. To our knowledge, no cases of mesh exposure or erosion have been reported. It is possible that mesh complications might happen at some point but the results so far are reassuring for patients.

Sacrocolpopexy and midurethral sling surgery are known to be associated with mesh complications. Vaginal mesh exposure probably affects around 5 in 100 (5%) women after sacrocolpexy. It seems to be less common after midurethral sling surgery, affecting around 2 in 100 (2%) women. Mesh erosion into the bowel, bladder or urethra is much less common and probably affects around 1 in 1000 (0.1%) women. The risk of these problems needs to be balanced against the potential benefits of surgery, and the risks and benefits of non-mesh operations.

All surgical procedures for prolapse and incontinence can be associated with complications, which may occur whether mesh is used or not. Problems include pelvic and vaginal pain, painful sexual intercourse, new or worsening bladder and bowel symptoms, or failure of the operation. All of these complications may require additional treatment, and this might include further surgery.

Can mesh have effects on general health?

There have been claims that mesh implants may cause autoimmune disease, such as rheumatoid arthritis. Studies have compared women who had non-mesh surgery with those who

had mesh surgery, and men who had mesh hernia surgery with healthy volunteers. These studies monitored over 30,000 patients and 70,000 healthy volunteers for up to six years and no link was found.

What can UCLH patients expect?

If you or a family member are treated at UCLH, you will be offered a range of non-surgical treatments and surgical procedures to help with your symptoms. We provide detailed information leaflets and counselling to all patients. Your surgery will be discussed and approved by a team of specialists at a multidisciplinary team meeting (MDT) before any surgery is performed. If you decide to have a mesh procedure, your surgeon will have received specialist training in mesh surgery.

All of our mesh procedures are recorded on a national database to monitor the quality and safety of our surgery, and to identify any complications. We also report any mesh complications to the Medicines and Healthcare Regulatory Authority (MHRA). Reporting problems will help us to understand how common complications are long term. This is important because most research has only monitored patients for around five years after surgery.

If you have any further questions, do not hesitate to ask a member of our team. You can find out more about the risks and benefits of surgery from our range of patient information leaflets. They are available online at:

http://www.uclh.nhs.uk/PandV/PIL/Pages/Home.aspx

Signed on behalf of:

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Where can I get more information?

The British Society of Urogynaecology

Website: http://bsug.org.uk/pages/information-for-patients/111
Email: bsug@rcog.org.uk
Telephone: 020 7772 6211
Fax: 020 7772 6410

The British Association of Urological Surgeons

Website:
https://www.baus.org.uk/patients/information_leaflets/category/3/bladder_procedures
Email at: https://www.baus.org.uk/about/contact.aspx
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UCLH cannot accept responsibility for information provided by other organisations.

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NHS England Mesh Oversight Group Report, July 2017. https://www.england.nhs.uk/publication/mesh-oversight-group-report/

NHS Synthetic Vaginal Mesh Tape Procedure for the Surgical Treatment of Stress Urinary Incontinence in Women, Patient Information Leaflet, May 2017. http://bsug.org.uk/budcms/includes/kcfinder/upload/files/info-leaflets/SUI Mesh Tapes Leaflet Version 24_160517 BSUG RCOG logo v2.pdf

NICE recommendation for uterine suspension (including hysteropexy) for uterine prolapse, June 2017. https://www.nice.org.uk/guidance/ipg584/informationforpublic

NICE recommendation for sacrocolpopexy using mesh for vault prolapse, June 2017. https://www.nice.org.uk/guidance/ipg583/ifp/chapter/What-has-NICE-said

NICE Urinary incontinence in women: management (Clinical Guideline CG171), November 2015. https://www.nice.org.uk/guidance/cg171/ifp/chapter/Surgery-for-stress-incontinence

Scottish Government Independent Report, March 2017: http://www.gov.scot/Publications/2017/03/3336/downloads - res-1

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Space for additional notes

First published: 11 December 2017 Date last reviewed: 11 December 2017

Date next review due: 11 December 2019

Leaflet code: