

# Information for Patients with Mesh Implant for Pelvic Organ Prolapse

(also called Vaginal Prolapse)



A number of women have reported severe problems after the use of transvaginal mesh to surgically treat pelvic organ (vaginal) prolapse. These concerns do not apply to mesh used in other surgeries.

## What is pelvic organ (vaginal) prolapse?

The pelvic floor muscles hold up the bowel, bladder and uterus. When the muscles become weak the bowel, bladder and/or uterus can push into the vagina. You may have bladder or bowel problems.

Common causes of weakened pelvic floor muscles include pregnancy, childbirth, aging, obesity and chronic constipation.

## Should I be concerned?

Most women who have a mesh implant have a good long-term result. Between 8 and 15% of women have a problem after transvaginal mesh surgery for pelvic organ prolapse. Most problems are minor or temporary. However, some women experience severe problems.

## How do I find out if I have a mesh implant?

Speak with your doctor or surgeon. They should be able to see your medical records and if mesh was used in your surgery. If they do not have this information or you are unable to contact them, you can phone the hospital where you had your surgery. Ask the hospital's Medical Records Department to help you.

Your doctor can also check to see if you have a mesh implant by using a pelvic floor ultrasound test.

## What are the possible risks from my mesh implant?

There are problems that can occur after prolapse surgery with or without mesh, including:

- That it will not fix the problem
- You may have bowel or bladder problems
- You may have pain during sexual intercourse
- You may have ongoing pelvic pain

There are also problems that can be specific to mesh surgery, and can include:

- The mesh wears away through the vaginal wall
- The mesh damages the bowel or bladder, requiring further surgery

Ongoing pelvic pain and pain during sexual intercourse may be more common after mesh surgery.

It may be possible to manage your symptoms without further surgery.

You will need to talk to a specialist doctor about whether the mesh needs to be removed. Your doctor may not recommend this. It may be difficult to remove the mesh and if the mesh is removed the symptoms may still be there.

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## What should I do if I have any of these problems?

You can make an appointment to see your doctor or surgeon.

You can also make an appointment at a specialist clinic with experience in mesh complications.

These specialist clinics are available at:

### Nepean Hospital

Phone 4734 1474 or 4734 2000

### Royal North Shore Hospital

Phone 9463 2377

### Royal Prince Alfred Hospital

Phone 9515 4526 or 0459 899 735, or RPA switch on 9515 6111

### St George Hospital

Phone 9113 2272 or 9113 1588

### Westmead Hospital

Phone 8890 7668

## Where can I go for more information?

Talk to your doctor. You can ask for a second opinion from an independent urogynaecologist or a gynaecologist experienced in pelvic floor surgery.

A urogynaecologist is a specialist in disorders of the female pelvic floor.

A gynaecologist is a specialist in women's reproductive health.

## Further information is available from the following organisations:

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

<https://www.ranzcog.edu.au/Mesh-Resources>

### UroGynaecological Society of Australasia

<http://www.ugsa.org.au/pages/patient-information.html>

### Australian Commission on Safety and Quality in Health Care

<https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/>

Note: Includes consumer forum details.

### Therapeutic Goods Administration

<https://www.tga.gov.au/>

Note: Includes full list of reported adverse events and how to report an adverse event.