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Use of Mesh In Surgical Treatment Of Pelvic Organ Prolapse

There has been much discussion about the use of Mesh for repair of Pelvic Organ Prolapse (POP). Many patients have been exposed to these discussions through attorney advertisements on television.

On July 13, 2011, the FDA released a safety communication on the use of synthetic vaginal mesh (also known as transvaginal mesh or pelvic mesh) to repair Pelvic Organ Prolapse.

In the minority of patients, vaginal mesh placement for POP is associated with risks to the patient including vaginal extrusion, erosion, sexual dysfunction, urinary tract injury, pain and other complications. Like with all surgeries, these complications may be due to surgical technique, the materials utilized, patient anatomy, or a combination of factors. It is also important to recognize that many of these complications are not unique to mesh surgeries and are known to occur with non-mesh POP procedures as well.

I would like to provide some information on my approach to the use of mesh in surgery.

Surgical mesh has been used in patients for more than 30 years, and in vast majority of patients it is very successful. In fact, the use of mesh allows us to treat many difficult problems, and reduces the chances of requiring additional operations.

The reason we use mesh in surgery is to because patient's own tissues are often very "weak", which has lead to the problem to begin with. We are thus, able to substitute strong, permanent material for loose, weakened and damaged tissue.

Over the last few years many medical device companies have come up with surgical "kits" for repair of falling-down female organs. Although most of these devices are very good, unfortunately some of these may result in complications.

The problems may occur not just because of the mesh, but also because of the way it is placed and the position of the mesh. But, problems may occur even in patients who did not have synthetic mesh used.

Complications can occur in any patient, and even the best surgeons in the world occasionally experience complications.

Possible Complications:

- Mesh Exposure: When the skin of the vagina does not heal over the mesh and mesh is now visible on examination or felt by the patient (2-4 %).
- Mesh Erosion: When mesh perforates bowel or bladder- these are very rare complications, and almost always require re-operation. This may occur in one out of 300 patients (1/300).

- Pain With Intercourse: Even if mesh is properly covered by the vaginal skin (mucosa) sometimes patients may experience pain with intercourse. This can occur in 2-3/100 patients, and may require re-operation (2-3%).
- Difficulty Urinating, New Onset Incontinence, Urinary Frequency, Urgency: All of these symptoms are possible whenever surgery is performed on female pelvic organs, and may or may not be due to mesh. These symptoms occur in 3-7% of patients; most of these resolve with time, medications or physical therapy, but only few of these patients require reoperation.

I continuously analyze how my patients have done after surgery. I recently reviewed results of more than 300 patients who have had mesh used in surgery, and concluded:

- Eighty five percent of patients are completely satisfied with the results
- Six percent of patients have had some issues which required additional operation

It is important to recognize that the updated FDA report did not include synthetic mesh materials currently surgically implanted for the treatment of stress urinary incontinence (**SLING**) or mesh used for abdominal or laparoscopic repair of pelvic organ prolapse (i.e. **Robotic da Vinci Sacrocolpopexy**) in the most recent warning.

Patients who have had vaginal mesh surgery for pelvic organ prolapse and are satisfied with their surgery without complications do not need to have the mesh removed.

For more information released by the FDA and various medical societies, please follow these links:

<http://www.urologyhealth.org/news/Mesh.cfm>

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm262435.htm>