

Rannan na nOspideil Ghearmhíochaine Aonad <u>4A</u> – Áras Dargan An Ceantar Theas An Bothar Mileata Cill Mhaighneann BÁC 8

Acute Operations
Health Service Executive
Unit 4A - The Dargan Building
Heuston South Quarter
Military Road
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Dublin 8.

24th October, 2022

Deputy Brid Smith Dáil Éireann Leinster House Dublin 2.

PQ 43893/22 To ask the Minister for Health if he will clarify in relation to the use of vaginal mesh products and techniques, the number of women who have sought access to these since the present ban was introduced specifically the numbers awaiting procedures for SUIs and POP and soon using TVT and other mesh techniques; when those women who wish to have these procedures and have a medical recommendation for them can expect to have access to them; and if he will make a statement on the matter.

Dear Deputy Smith,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

In July 2018, the HSE paused the use of vaginal mesh implants for the treatment of Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP) following the Department of Health Chief Medical Officer's report regarding Mesh surgery titled "The Use Of Uro-Gynaecological Mesh In Surgical Procedures."

The acute hospital system has been requested to carry out the following with regards to patients awaiting mesh surgery for SUI and POP since the pause.

1. Ensure that patients awaiting mesh surgery for SUI and POP are clinically reviewed to explore alternative surgical/non-surgical interventions.

2. If, following clinical review, mesh surgery is still deemed as clinically necessary then these patients should be suspended on the waiting list. Patients that are suspended should also be directly communicated with to advise that they are suspended on the IPDC waiting list, following clinical review, in line with guidance issued by the Department of Health related to mesh surgery. As part of this process, patients are offered appointments in OPD as required to review their condition and are kept under regular review pending further guidance on this matter.

3. This guidance applies to primary vaginal mesh surgery. Post-operative mesh revision surgeries are not affected by the current pause. Patients suffering from vaginal mesh implant complications, and have not responded to remedial treatments locally, should be referred to the National Mesh Complications Service.

In light of the above guidance, clinicians are not routinely referring patients for mesh services and therefore it is not possible to answer the above question in its entirety.

With regards to when women can expect to access mesh service, the HSE are progressing the final five recommendations set out in the 2018 CMO Report in order to provide assurance that the use of mesh implants and the care of women requiring aftercare in Irish hospitals is in line with emerging evidence and best practice internationally. Once all recommendations have been completed, the Department of Health will review the progress and will advise in relation to reinstating a mesh service.

I trust that this answers your question.

Yours sincerely,

Robert Kidd

Assistant National Director

Acute Operations

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