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Deputy David Cullinane
Dáil Éireann
Leinster House
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23rd July 2025

37972/25 - To ask the Minister for Health the data sought and collected to inform decision making on the future use of mesh implants.

37973/25 - To ask the Minister for Health the number of alternative surgeries or other interventions conducted as an alternative to mesh implants during the period 2010 to 2018 until the pause, and during the period 2018 since the pause to date, in tabular form.

37974/25 - To ask the Minister for Health the range of services available to mesh-injured persons; the reason full removal services are not available in the State; and whether her Department will fund access to treatment abroad for mesh-injured persons.

37975/25 - To ask the Minister for Health the status of the report of the national vaginal mesh implant oversight group; the reason no mesh-injured persons have been included in the process of compiling the report; and the engagement the group has had with mesh-injured persons since inception, by year, in tabular form.

37971/25 -To ask the Minister for Health the rate of persons who have received mesh implants who have reported suffering harm as a result of such implants as a proportion of all those who have received mesh implants for the period 2010 to 2018; and whether she has sought such information to inform decision-making on the future use of mesh implants.

Dear Deputy Cullinane,

Thank you for your representation.

In 2018, the Chief Medical Officer published a report titled *The Use of Uro-Gynaecological Mesh in Surgical Procedures*, which outlined several recommendations concerning the use of mesh in treating urinary stress incontinence (USI) and pelvic organ prolapse (POP). In response, a pause was introduced on the use of mesh for these procedures in Irish public hospitals.

The 2018 report is informed by the personal testimonies of women who experienced complications following mesh surgery, as conveyed through representations made both directly by the women and by politicians on their behalf to the Minister and the Department of Health. Additionally, it reflects the accounts presented during a meeting between the Minister and representatives of Mesh Survivors Ireland, at which women described severe, distressing, and life-altering complications.

To further support oversight in this area, the HSE established the **National Vaginal Mesh Implant Oversight Group** in 2023. This group, which comprised patient representation, was tasked with overseeing the use of vaginal mesh implants in HSE acute hospitals, covering both primary implant surgeries and services related to complications. It also reviewed the implementation of the 2018 report's recommendations and evaluated whether it would be appropriate to resume uro-gynaecological mesh procedures, considering international best practices and developments. The group, adopting a collaborative approach, has since submitted its report, which is currently under review by the Department of Health. With its work completed, the Oversight Group has now been stood down.

Pelvic Organ Prolapse (POP) and Stress Urinary Incontinence (SUI) are relatively common conditions that can significantly affect a woman's quality of life. In recent years, the HSE has developed national Clinical Guidelines for the diagnosis and management of both conditions. A range of treatment options are available, including lifestyle changes, non-surgical interventions, and various surgical procedures, depending on the individual case.

Lifestyle modifications such as weight loss and smoking cessation may be recommended where appropriate. Non-surgical treatment, including pelvic floor physiotherapy guided by specialist, can also provide effective relief.

When surgery is indicated, several options are available. The choice of procedure will be specific to each woman's needs, with gynaecologists providing guidance to support informed decision-making.

Data in relation to activity and performance is collected nationally by the HSE's Business Intelligence Unit and the Hospital In-Patient Enquiry Unit. For outpatient attendances, data is captured by speciality versus diagnosis, for example, a general gynaecology attendance. Inpatient data is categorised by diagnosis or condition versus intervention or procedure performed. Therefore, the specific data requested in relation to the number of procedures or interventions performed specifically for POP or SUI is not currently available at a national level. More granular data may be available via individual services.

In 2023, the HSE published **National Guidelines on the Diagnosis and Management of Pelvic Organ Prolapse** and **Assessment and Management of Stress Urinary Incontinence in Women.** These guidelines provide clear, evidence-based recommendations for best practice and are accompanied by a Plain Language Summary, both of which are available on the HSE website: https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

Women with suspected POP or SUI are typically assessed by their GP and, if needed, referred to secondary-level gynaecology services. As a result of significant investment across gynaecology services since 2020, access to care has greatly improved. As a result, the number of women waiting for a gynaecology appointment over six months has decreased by 65%, and those waiting over 12 months has reduced by 89%.

For women who have experienced complications from vaginal mesh implants, the HSE offers specialised, multidisciplinary care through the **National Mesh Complications Service,** based at Cork University Maternity Hospital (CUMH) and the National Maternity Hospital (NMH) in Dublin. At these services, women can receive care from a multidisciplinary team of specialists, including uro-gynaecologist, urologists, colorectal surgeons, and physiotherapists. The centres also have access to full diagnostic services to deliver patient-centred, high-quality care for those affected by mesh complications.

In cases where treatment is not available in Ireland, the **Treatment Abroad Scheme (TAS)** allows eligible public patients to access care in another EU/EEA country, the UK, or Switzerland. However, prior authorisation must be obtained before treatment begins. The HSE cannot assume responsibility for any healthcare costs not pre-approved under the scheme.

To apply for treatment abroad, a fully completed application form must be submitted to determine eligibility for funding of the treatment under the TAS. A patient could submit an application form for vaginal mesh treatment, and where the provisions of the scheme are met, such an application may be eligible for funding approval.

I hope this provides you with some assistance.

Yours sincerely

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Davinia O'Donnell

General Manager

National Women and Infants Health Programme