

## Príomhoifigeach Cliniciúil Oifig an Phríomhoifigigh Cliniciúil

Ospidéal Dr Steevens, Lána Steevens Baile Átha Cliath 8, D08 W2A8

## **Chief Clinical Officer** Office of the Chief Clinical Officer

Dr Steevens Hospital, Steevens Lane t 01 635 2000 Dublin 8, D08 W2A8

www.hse.ie @hselive

e cco@hse.ie

## BY EMAIL ONLY

**Deputy Cormac Devlin** Dáil Éireann Leinster House Kildare Street Dublin 2

23<sup>rd</sup> July 2025

PQ 32464/25 - To ask the Minister for Health the number of women identified under the Chief Medical Officers Report November 2018 on the Use of Uro-Gynaecological Mesh in Surgical Procedures; the total number of women impacted by same; the number that were selected for recall; the number for assessment; the number of women that received subsequent surgery; the number that needed to avail of the treatment abroad scheme; the number still outstanding for surgery and those that still have not had any assessment undertaken, in tabular form; and if she will make a statement on the matter.

Dear Deputy Devlin,

Thank you for your representation.

In November 2017, in response to public and patient concern about the ongoing safety of mesh devices and recognising the complexity of the issues involved, the then Minister for Health, Mr. Simon Harris T.D. requested the Chief Medical Officer (CMO) to prepare a report for him on the clinical and technical issues involved.

In 2018, the CMO published a report titled The Use of Uro-Gynaecological Mesh in Surgical Procedures, which outlined several recommendations concerning the use of mesh in treating stress urinary incontinence (SUI) 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, comprising 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.

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.

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 captured and categorised by diagnosis or condition versus intervention or procedure performed. Similarly, national outpatient and inpatient waiting list data is reported by speciality i.e. national outpatient and inpatient gynaecology waiting lists. Therefore, the specific detail and data requested is not currently available at a national level. More granular data may be available via individual services.

In relation to treatment abroad, 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 preapproved 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.

In 2024, one patient travelled abroad for mesh-related surgery. So far in 2025, three patients have travelled. There have been no approved TAS applications for years before 2024. All patients in 2024 and 2025 have travelled to the Netherlands.

patients in 2024 and 2025 have travelled to the Netherlands.

I hope this provides you with some assistance.

ours sincerely	
Davinia O'Donnell	
General Manager	
lational Women and Infants Health Programme	9