

Plain language summary

Diagnosis and Management of Mesh Complications

Who is this summary for?

This summary is for people who are impacted by MESH complications following its insertion for stress urinary incontinence and pelvic organ prolapse. This may include women diagnosed with a MESH complication, their support partners or their family.

What is this summary about?

The National Women and Infants Health programme have developed a number of clinical guidelines. One of these guidelines is a national Guideline for the diagnosis and management of MESH complications. This plain language summary will describe the key points and important take home messages from the diagnosis and management of MESH complications Guideline.

What is MESH?

The majority of modern surgical meshes are composed of polypropylene fibres woven together. In the medical specialities of Urogynaecology and Urology MESH is used in the treatment of stress urinary incontinence and also for the management of pelvic organ prolapse. It can be inserted at surgery via the vagina or the abdominal cavity depending on its intended purpose.

What are MESH complications?

Complications may occur after surgery to insert the MESH. The risk of developing a complication depends on the reason and the way the MESH is inserted. For example, MESH inserted vaginally for stress incontinence is associated with a 2-3 in 100 risk of a complication. Whereas MESH inserted via the vagina for prolapse is associated with a higher risk of a complication. Complications can occur immediately at the time of surgery, or over time, and in some cases, years following the MESH being put in. Complications can include infection, bleeding, injury to organs such as the bowel and bladder and exposure of the MESH.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

What are the symptoms of a MESH complication?

Symptoms associated with MESH complications vary and are listed in the box below. Many of these symptoms are not specific to MESH and can occur for other reasons.

Symptoms associated with MESH complications may include:

- Pain in the pelvis/vagina/lower back/thigh
- Bleeding from the vagina/bladder/bowel
- Infection in the surgical wounds or vagina
- Exposure of the mesh into the vagina
- Urinary tract symptoms such as infection, overactive bladder or being unable to empty the bladder
- Awareness of the MESH during intercourse
- Pain during intercourse
- MESH felt in the vagina
- Vaginal discharge

In relation to training and the acquisition of clinical and operative skills issues encountered by trainees include case volume, teaching modalities including trainer experience and communication. These issues have been found to impact on a trainees autonomy and self-entrustment.

What tests might be needed if a MESH complication is suspected?

If a MESH complication is suspected the woman will be seen in a specialised MESH clinic. At the time of this appointment a detailed history will be taken followed by a detailed examination.

Based on these findings a decision will be made on what additional tests are needed. These tests include:

- Urodynamics – a specialised test of bladder function
- Examination under general anaesthetics
- Cystoscopy – a camera inserted into the bladder under anaesthetic
- Imaging such as ultrasound or magnetic resonance imaging (MRI)

Depending on the symptoms referral to another specialist team may also be needed.

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What happens if a MESH complication is found?

Each woman with a MESH complications will have their case discussed at a multidisciplinary team meeting. Depending on the complication the management plan will be tailored accordingly.

The management plan may include multiple steps and attending other appointments with healthcare and allied healthcare specialists such as:

- Physiotherapy and physical therapies
- Pain management
- Management with medications
- Mental Health therapies
- Surgical management

Does the MESH have to be removed?

Whether the MESH needs to be removed or not depends on the symptoms and the findings of the investigations. In some instances the safest option may be to not remove any of the MESH or to only remove part of the MESH. These decisions will be discussed with the woman at every stage of the process.

What are the risks in removing the MESH?

If MESH needs to be removed the risks of the surgery will be discussed with in the specialised MESH clinic. There are the risks associated with the anaesthetic, the general risks of surgery and the specific risks from MESH removal surgery. The specific risks are that pain may get worse or stay the same. Women may develop or have worsening stress urinary incontinence especially if the MESH was used for this reason. There is a risk of an injury to the bladder, bowel, blood vessels and nerves, which may require more extensive surgery to manage these complications.

What happens after MESH removal surgery?

Follow-up care after surgery will be with the MESH removal surgeon. If the symptoms have resolved care will be transferred back to the general practitioner. If symptoms persist referral to other specialities may be necessary.

For further information visit:

International Continence Society: www.ICS.org

International Urogynaecology Association: IUGA.org

European Association of Urologists: Uroweb.org

European Commission – Public Health Newsletter: ec.europa.eu

American Urogynaecology Society: AUGS.org

American Urological Association: AUANET.org

British Association of Urological Surgeons: BAUS.org.uk

British Society of Urogynaecology: Bsug.org.uk

National Institute for Health and Care excellence: nice.org.uk

Continence Foundation of Ireland: continence.ie

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

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