

# Diagnosis and Management of Mesh Complications

**This Quick Summary Document (QSD) is a resource for all clinicians working in healthcare in Ireland who are involved in the care of women with Mesh Complications.**

Following a comprehensive literature review a number of evidence-based recommendations for the diagnosis and management of Mesh Complications were agreed upon.

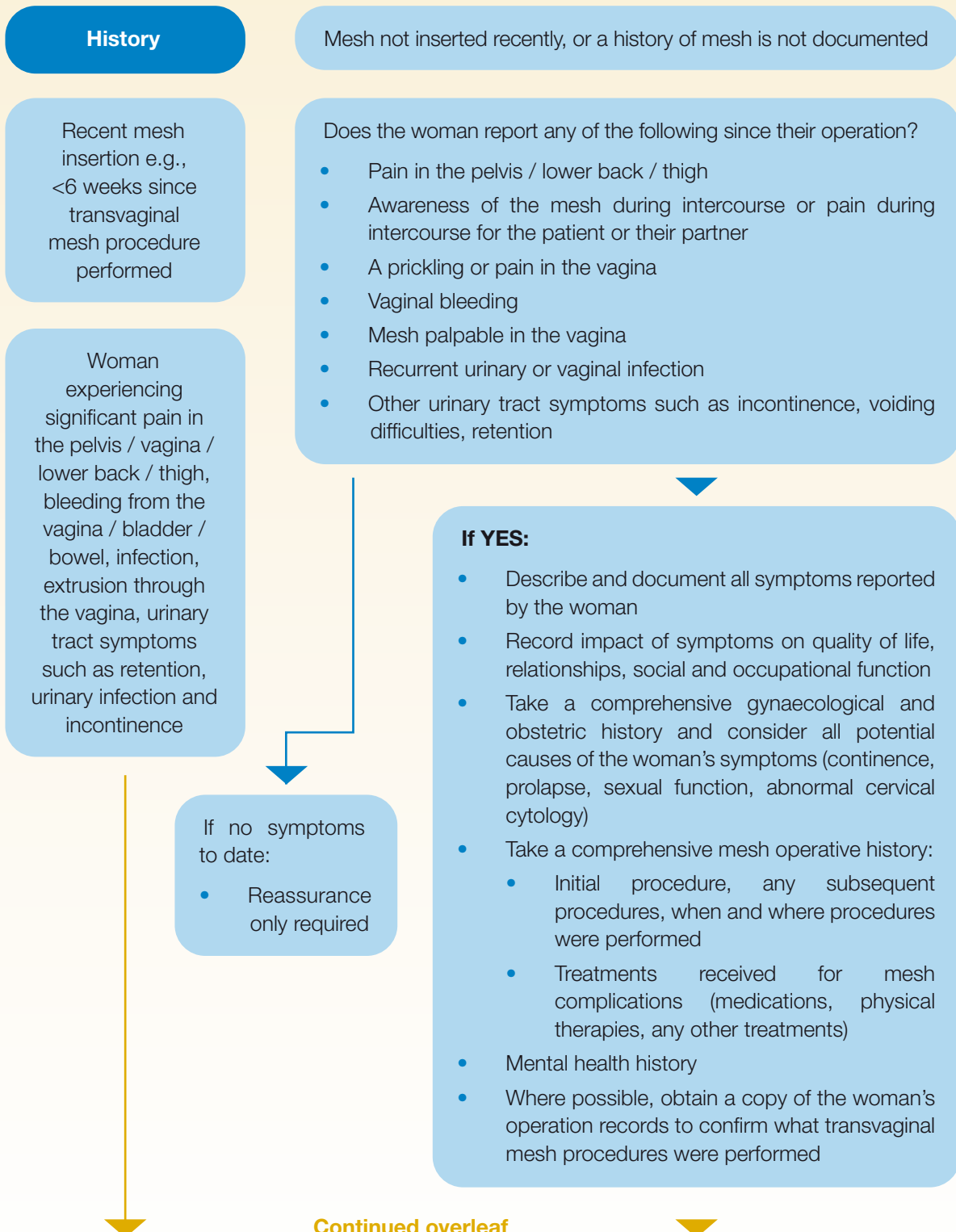
## Key Recommendations

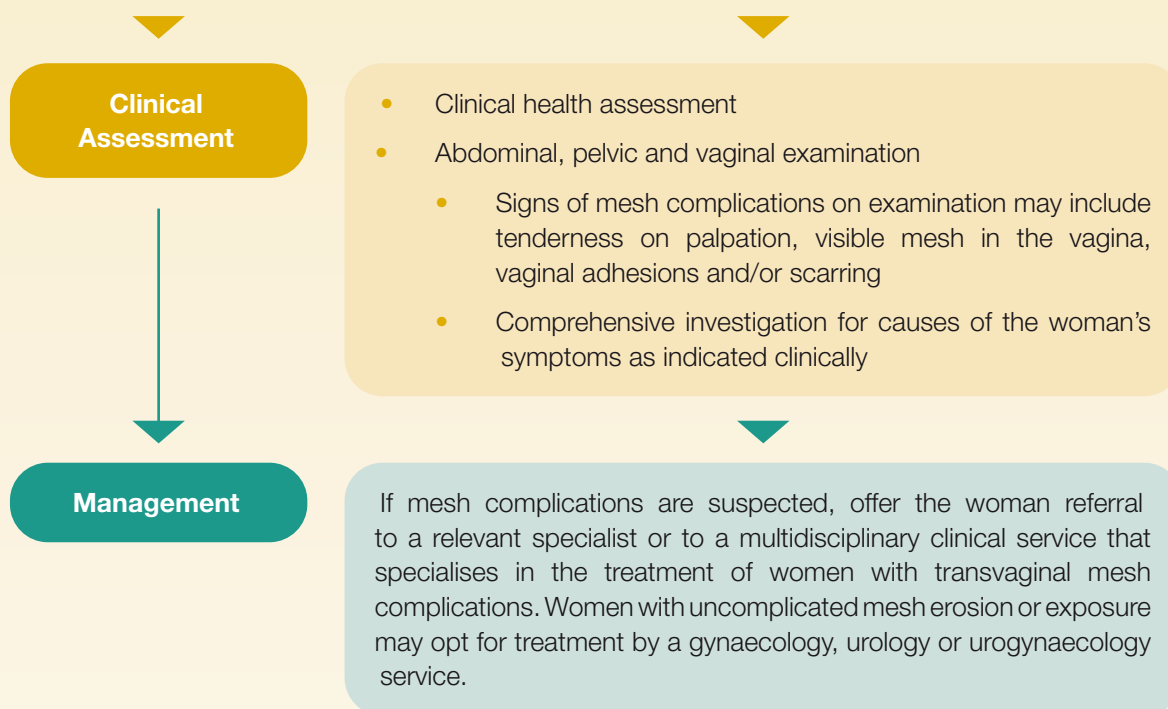
1. We recommend standardised terminology be used at all times.
2. We recommend that all symptoms reported by each woman, including immediate and delayed post-operative symptoms be described and documented.
3. We recommend the impact of symptoms on quality of life, relationships, social and occupational function be recorded.
4. We recommend a comprehensive gynaecological and obstetric history be taken and all potential causes of the woman's symptoms are considered.
5. We recommend a comprehensive mesh operative history is taken.
6. We recommend where possible a copy of the woman's clinical and operative records be obtained.
7. We recommend a physical examination be performed and should include an abdominal, pelvic and vaginal examination.
8. We recommend that comprehensive investigation for causes of the woman's symptoms should be performed as indicated clinically.
9. We recommend that it is incumbent on the clinical team to develop as complete a diagnostic understanding as possible before embarking on surgical treatment.
10. We recommend that the treatment options for mesh complications depend on the woman's individual circumstances, the findings of the comprehensive assessment and the woman's personal preferences.
11. We suggest that physiotherapy is provided pre and post operatively as it has been shown to be effective in women with myofascial pain and pelvic floor dysfunction.
12. We recommend that women presenting with chronic pain should receive multidisciplinary biopsychosocial care including care from a pain management specialist.
13. We recommend that prior to considering surgery the woman's case should be discussed as part of a multidisciplinary team meeting.
14. We recommend that surgery to remove the vaginal mesh should be avoided if the position of the mesh or the scar tissue around the mesh, makes it unsafe to remove.
15. We suggest that mesh exposure without pain can be treated in a less invasive way.
16. We suggest that an isolated vaginal exposure can be treated with localised excision or depending on size localised oestrogen therapy.
17. We recommend that surgical management of mesh complications should be carried out in a mesh centre by an appropriately credentialed medical practitioner as part of a multidisciplinary team with access to specialists in Urogynaecology, Urology and Colorectal Surgery and Physiotherapists.

18. We recommend that staff within the service where the surgical management is planned should have experience in mesh removal.
19. We recommend that the woman should be counselled that mesh removal surgery may exacerbate pain and may result in worsening incontinence or prolapse. This should be clearly documented.

## Algorithm

### Diagnostic and referral pathway for transvaginal mesh complications





### Auditable standards

Audit using the key recommendations as indicators should be undertaken to identify where improvements are required and to enable changes as necessary, and to provide evidence of quality improvement initiatives.

Auditable standards for this Guideline include:

1. Assessing the number of women referred to the mesh centres
2. Have women with mesh complication been assessed as part of a MDT
3. What are the overall rates of mesh complications in the Irish setting
4. What percentage of women are undergoing surgery
5. The types of surgery that women are undergoing

### Recommended reading:

1. HSE Nomenclature for Clinical Audit – <https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit.pdf>
2. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines at <https://www.hse.ie/eng/about/who/qid/nationalframeworkdevelopingpolicies/>
3. NICE guidance – urinary incontinence and pelvic organ prolapse in women: management: © NICE (2019) urinary incontinence and pelvic organ prolapse in women: management. BJU Int 2019;123(5):777-803. <https://pubmed.ncbi.nlm.nih.gov/31008559/>
4. Duckett J, Bodner-Adler B, Rachaneni S, Latthe P. Management of complications arising from the use of mesh for stress urinary incontinence-International Urogynecology Association Research and Development Committee opinion. Int Urogynecol J. 2019 09;30(9):1413-7. PubMed PMID: 30918979. Epub 20190327. eng. <https://pubmed.ncbi.nlm.nih.gov/30918979/>
5. Committee Opinion No. 694: Management of Mesh and Graft Complications in Gynecologic Surgery. Obstet Gynecol. 2017 04;129(4):e102-e8. PubMed PMID: 28333822. eng. Committee Opinion No. 694 Summary: Management of Mesh and Graft Complications in Gynecologic Surgery. Obstet Gynecol. 2017 04;129(4):773-4. PubMed PMID: 28333814. eng. <https://pubmed.ncbi.nlm.nih.gov/28333822/>

6. Joint Position Statement on the Management of Mesh-Related Complications for the FPMRS Specialist. *Female Pelvic Med Reconstr Surg.* 2020 04;26(4):219-32. PubMed PMID: 32118617. eng. <https://pubmed.ncbi.nlm.nih.gov/32118617/>
7. Haylen BT, Freeman RM, Swift SE, Cosson M, Davila GW, Deprest J, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint terminology and classification of the complications related directly to the insertion of prostheses (meshes, implants, tapes) and grafts in female pelvic floor surgery. *Neurourol Urodyn.* 2011 Jan;30(1):2-12. PubMed PMID: 21181958. eng. <https://pubmed.ncbi.nlm.nih.gov/21181958/>
8. Heneghan CJ, Goldacre B, Onakpoya I, Aronson JK, Jefferson T, Pluddemann A, et al. Trials of transvaginal mesh devices for pelvic organ prolapse: a systematic database review of the US FDA approval process. *BMJ Open.* 2017 Dec 06;7(12):e017125. PubMed PMID: 29212782. PMCID: PMC5728256. Epub 20171206. eng. <https://pubmed.ncbi.nlm.nih.gov/29212782/>
9. Miklos JR, Chinthakanan O, Moore RD, Mitchell GK, Favors S, Karp DR, et al. The IUGA/ICS classification of synthetic mesh complications in female pelvic floor reconstructive surgery: a multicenter study. *Int Urogynecol J.* 2016 Jun;27(6):933-8. PubMed PMID: 26690360. Epub 20151221. eng. <https://pubmed.ncbi.nlm.nih.gov/26690360/>

## Authors

**Carey M., O'Reilly, B., O'Sullivan, O., National Clinical Practice Guideline: Diagnosis and Management of Mesh complications. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. December 2022**

<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/>