I heard about an article in the New York Times about unnecessary vaginal mesh surgery. What's going on?

On April 15, 2018, *The New York Times* published "How Profiteers Lure Women Into Often-Unneeded Surgery." In this article, journalists bring important attention to the predatory practice in which women who have previously had surgery for prolapse or urinary incontinence using mesh material are coaxed into having mesh removal surgery so that they may be more lucrative plaintiffs in lawsuits against mesh device manufacturers. Women are targeted, contacted, and led to undergoing surgical procedures in a questionable manner, with questionable practitioners, and with questionable necessity. Some of these women have been told they are in danger if they do not have the mesh removed.

How do I know if I had mesh placed during my surgery for prolapse or urinary incontinence?

Contact your surgeon and ask. You can also request a copy of your operative note describing the surgery from the hospital. It's a good idea to know exactly which product was used during your surgery. These surgeries can be done without any foreign material – in other words, just with your own tissue. Sometimes permanent mesh material is used, but some mesh materials also dissolve over time. Another option is using a biologic graft material, which is an implant taken from an animal (often a pig or a cow) or another person and processed to make it safe for human implantation. These often dissolve over time as your own tissue grows into it.

I know that permanent mesh was used in my surgery. How do I know if the mesh needs to be removed?

If you have no symptoms or problems, the mesh does not need to be removed.

You should only consider mesh removal if it is causing a problem that cannot be treated without surgery. In an April 2017 joint statement in, the American College of Obstetricians and Gynecologists (ACOG) and the American Urogynecologic Society (AUGS) advised clinicians and patients that "mesh removal surgery should not be performed unless there is a specific therapeutic indication."

What is the difference between the different types of mesh?

A midurethral sling is a thin strip of polypropylene mesh that is placed underneath the urethra, which is the tube from the bladder to the outside, for treatment or prevention of stress urinary incontinence, a type of leakage that occurs with activity such as laughing, coughing, or sneezing. Full-length midurethral slings are considered the "gold standard" method for treating stress urinary incontinence, as such procedures have been

extensively studied and shown to have a high success rate and a low complication rate. More information about midurethral slings can be found at:

https://www.augs.org/assets/1/6/AUGS-SUFU_MUS_Position_Statement.pdf
https://www.augs.org/assets/1/6/Patient_FAQs_MUS_for_posting.pdf
https://www.augs.org/assets/1/6/Provider_FAQs_MUS_for_posting.pdf

Mesh for the treatment of pelvic organ prolapse is placed with the goal of lifting or supporting a vaginal bulge. Mesh placed for prolapse is larger in size and can be placed either through an incision in the abdomen or an incision in the vaginal walls (transvaginally). The Food and Drug Administration's 2011 public health notification stated that complications associated with transvaginal mesh used to repair prolapse were not rare. Many, but not all, transvaginal mesh kits for the treatment of prolapse have been withdrawn from the market.

How did these lawyers or companies find out that I had surgery with mesh? Was my privacy violated?

These are excellent questions, and right now the complete answer is not clear. In the past there have been concerns with information being shared via insurance companies, but that may not be the case here. You should discuss this with your surgeon if you feel comfortable. If you have been contacted by a law firm, you can ask them as well.

You can read more about past privacy concerns here:
https://www.voicesforpfd.org/resources/patient-privacy-concerns/

My mesh is causing pain or another problem. Who should evaluate me?

Mesh complications can be complex and often require the expertise of a female pelvic medicine and reconstructive surgery (FPMRS) specialist, sometimes called a urogynecologist. Such specialists have additional training in pelvic floor disorders and associated surgeries. You can go to https://www.voicesforpfd.org/find-a-provider/ and find a board-certified provider in your area. Please seek out a qualified provider before planning surgery.

If you have been contacted by a law firm or other group advising that you have your mesh removed, call your original surgeon or use the above link to find another doctor before you go ahead with any surgery.

Does vaginal mesh cause cancer?

No. There is no evidence to support that vaginal mesh causes cancer. A recent study of more than 20,000 women with midurethral slings found that they had no increased risk of any type of cancer as compared to women without slings.

You can read that study here:
https://www.ncbi.nlm.nih.gov/pubmed/29420401