

A writing group was formed of experts from the American Urogynecologic Society and the International Urogynecologic Association. The group carefully reviewed the available evidence to provide considerations and recommendations for the current management of mesh-related complications. The following summary provides highlights of the joint position statement for patients.

What are mesh-related complications?

Synthetic mesh material, or mesh, is a medical-grade material used in some surgeries to treat **pelvic floor disorders** such as **urinary incontinence** and **pelvic organ prolapse**. The mesh helps to provide better support. Over time, the mesh in some patients moves out of place (sometimes eroding) and may cause complications with other parts of the body such as the bladder, **rectum**, and **vagina**. Vaginal or pelvic pain and painful intercourse are examples of symptoms that may occur in these situations.

What should I know about the management of mesh-related complications and this position statement?

It has been difficult to group the different mesh-related complications and assess the treatments because:

- The materials and techniques used have changed over the past 20 years.
- Over time, the variety of terms used to diagnose and group mesh complications and treatment have been inconsistent.
- The best evidence for treatments of mesh complications is based on studies of materials that are rarely used for treatment or not available today.

However, women with mesh complications need to be evaluated and should have access to resources and specialist doctors with expertise that can best treat their individual complications. Often, these women need more than one procedure to try to improve their symptoms.

This position statement helps standardize terms and provide evidence-based recommendations to help doctors provide the best possible treatment options. This statement also identifies gaps where more studies are needed and considerations to get the best treatment outcomes.

What should I know about the position statement recommendations?

The recommendations provide guidance on the different treatment options for nine different mesh complications. The writing group reviewed evidence from studies on each of the treatments. The group used this evidence to grade the strength of each recommended treatment according to six different levels. The treatment options are grouped into an algorithm, or roadmap, that helps doctors guide patients through the options to treat the complication as best as possible.

Key Points

The joint position statement on the management of mesh-related complications

- helps to standardize terms used for diagnosis and treatment of mesh-related conditions.
- provides a roadmap to doctors and patients of recommended treatment options that are based in evidence and graded according to the strength of that evidence.
- points to gaps in evidence to help guide future treatment studies.
- highlights factors that may help improve treatment outcomes.

Learn the Terms

Pelvic Floor Disorders (PFDs): Conditions that affect the muscles of the bottom of the pelvis (called the pelvic floor), including pelvic organ prolapse (POP), urinary incontinence, and bowel control difficulties.

Pelvic Organ Prolapse (POP): Dropping of the pelvic organs, such as the bladder, uterus, and rectum, caused by a loss of vaginal support.

Rectum: Portion of the bowel near the outlet (anus) that stores bowel movements before they are evacuated.

Stress Urinary Incontinence (SUI): Urine leakage with physical activity such as laughing, sneezing, lifting, or exercise.

Synthetic Mesh Material (or Mesh): A medical-grade material called polypropylene used in some urinary incontinence and prolapse surgeries, which is permanent.

Urinary Incontinence: Any accidental leakage of urine.

Urinary Tract Infection (UTI): The abnormal growth of bacteria in the urinary tract combined with symptoms like urgency and frequency of urination. The urine may also be cloudy, bloody or have a foul odor.

Vagina: The canal that connects the uterus (womb) with the vulva.

To review the position statement, go to: https://journals.lww.com/jpelvicsurgery/Fulltext/2020/04000/Joint_Position_Statement_on_the_Management_of.1.aspx.

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