**Pelvic Mesh Complications**

Dear Doctor,

This letter explains the possible symptoms and signs of women presenting with pelvic mesh-related conditions and if required, where to signpost them for further help

**What is pelvic mesh?**

Pelvic surgical mesh implants are made of materials such as polypropylene plastic and used to strengthen weak tissue to fix pelvic organ prolapse or rectal prolapse and incontinence in women. The mesh is inserted via the vaginal or abdominal routes.

**Why was mesh used*?***

Pelvic mesh slings were common surgical practice for stress urinary incontinence, common procedures were TVT and TVTO. Pelvic mesh for incontinence procedures was suspended from use in 2018[[1]](#footnote-2).

Abdominal mesh procedures for prolapse remain under high vigilance since 2018 and include:

* Sacrocolpopexy to repair vaginal vault prolapse
* Sacrohysteropexy to repair uterine prolapse
* Ventral mesh rectopexy to repair internal or external rectal prolapse

**Immediate or late-stage complications?**

Complications from these devices can happen early, or even many years, after mesh placement and can be catastrophic. Pain, erosion, voiding dysfunction, infection, recurrent UTIs, fistulae, organ perforation, bleeding, vaginal scarring, neuromuscular alterations, lower urinary tract symptoms, bowel complications and even immune disorders\* have been linked to mesh[[2]](#footnote-3).

Women may be asymptomatic for several years following mesh surgery before presenting with some of the problems described below. The occurrence of any of the symptoms below does not necessarily indicate a mesh complication, however given the seriousness of mesh complications they warrant careful consideration alongside other investigations for potential other causes.

**Common symptoms which patients describe to the Patient Safety Commissioner are:**

|  |  |  |  |
| --- | --- | --- | --- |
| Pain in lower abdomen, vagina, groin, legs, hips, back, anus | Pain is worse on sitting and on movement | Loss of sex life and or painful sex in the woman, her partner or both | Erosion where mesh is cutting through vaginal walls or into bladder, bowel or urethra |
| Recurrent UTIs | Becoming antibiotic resistant | Unexplained vaginal bleeding | Chronic fatigue |
| Recurrent or new bladder and bowel symptoms | Chronic vaginal discharge resistant to treatment | Prickling, sore or burning feeling in vagina | Symptoms of nerve damage eg loss of sensation or increased sensation/pain in legs |
| Fever | Nausea |  |  |

**Some patients also describe systemic inflammatory response symptoms:**

|  |  |  |  |
| --- | --- | --- | --- |
| Fibromyalgia | Autoimmune diseases  | Dry eyes | IBS |
| Allergies | Skin rashes | Psoriasis | Arthritis |
| Lichen sclerosis | Sjorgen Syndrome | Thinning hair  |  |

**What are common examination findings?**

Examination findings may be normal, or there may be visible pelvic mesh if it has eroded into the vagina.

**Investigations**

Investigations are best arranged by the specialist centre and include translabial and/or transanal ultrasound. CT and MRI may also be arranged by the specialist centre but these may not always show evidence of mesh complications. For Rectopexy mesh specifically MRIs, with and without contrast, as well as diagnostic laparoscopies have been used to identify mesh and complications.

**Next steps**

Patients with pelvic mesh can be referred directly by their GP to any of the 9 specialist mesh centres in England. [See www.england.nhs.uk](https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e09/complications-of-mesh-inserted-for-urinary-incontinence-and-vaginal-prolapse/). Patients with rectopexy mesh can be referred to the London Specialist Mesh Centre. If it’s not clear whether pelvic mesh was implanted as part of the treatment, please refer to your local gynaecology service for further investigations.

Thank you for the care and attention you are providing to your patients. There is more information in the annex below

Best wishes, yours sincerely

Dr Henrietta Hughes OBE FRCGP

Patient Safety Commissioner

**Annex**

Vaginally inserted prolapse mesh was banned in December 2017, mesh slings for incontinence were suspended in 2018. Abdominal prolapse mesh is still used, under high vigilance restriction, including fully informed consent and direct approval by the NHS Trust Medical Director with full fulfilment of strict clinical governance requirements.

**\*Autoimmune conditions**

The evidence of an association between pelvic mesh and systemic inflammatory response and or autoimmune disease remain unclear. While there is anecdotal and small-scale evidence on the presence of such association, large retrospective studies to show association are needed. In the current uncertainty, it is important to fully investigate systemic symptoms for autoimmune disease according to the standard pathways. The pelvic mesh (and its complications) should not be completely excluded as the cause of autoimmune disease or fibromyalgia. The FDA commissioned the [ECRI Report](https://www.pslhub.org/learn/improving-patient-safety/equipment-and-facilities/medical-devices-existing/ecri-medical-device-material-performance-study-polypropylene-safety-profile-13-october-2020-r8071/) in 2022 which clearly states there is a lack of long-term studies on the impact of implanting plastic polypropylene mesh material into the body and calls for more studies to help identify the issues. Patient testimony on support groups show a high incidence of autoimmune conditions. There is also a high rate of mesh inured women suffering fibromyalgia. A new [study from King’s College](https://www.kcl.ac.uk/news/new-study-shows-fibromyalgia-likely-the-result-of-autoimmune-problems) London suggests fibromyalgia is an autoimmune condition.

NICE recognise fibromyalgia as one of the complications and information can be found here [https://www.nice.org.uk/guidance/ng123/resources/treating-complications-from-mesh-used-for-stress-urinary-incontinence-options-for-women-referred-to-specialist-centres-patient-decision-aid-pdf-6725286117?fbclid=IwAR0aCXrorVkXTvzJttOtid2zNzBg7U4uGLWjymIXTgxkudQd1VKquW0Au4k](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nice.org.uk%2Fguidance%2Fng123%2Fresources%2Ftreating-complications-from-mesh-used-for-stress-urinary-incontinence-options-for-women-referred-to-specialist-centres-patient-decision-aid-pdf-6725286117%3Ffbclid%3DIwAR0aCXrorVkXTvzJttOtid2zNzBg7U4uGLWjymIXTgxkudQd1VKquW0Au4k&data=05%7C01%7CGary.Duncan%40patientsafetycommissioner.org.uk%7Cb6c3fe66e3074fb4a5ec08db2eea8524%7C61278c3091a84c318c1fef4de8973a1c%7C1%7C0%7C638155358192133080%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=bAq%2FfjxWOnI%2Fn8ZXacFm67PAiSt5Vq%2BeYUtQABB1Ijc%3D&reserved=0)

**Further reading**

* E-learning : [Pelvic Mesh Complications - elearning for healthcare (e-lfh.org.uk)](https://www.e-lfh.org.uk/programmes/pelvic-mesh-complications/)
* Pelvic mesh was one of three women’s healthcare treatments in a [review](https://www.gov.uk/government/publications/independent-medicines-and-medical-devices-safety-review-report) of how the health system responds when patients and their families raise concerns about safety. The Government announced this review in 2018 which led to the publication of the Baroness Cumberlege [First Do No Harm](https://www.gov.uk/government/publications/independent-medicines-and-medical-devices-safety-review-report) report in July 2020. This [report](https://www.immdsreview.org.uk/downloads/IMMDSReview_Web.pdf) looks at pelvic mesh, sodium valproate and the hormone pregnancy test Primodos.
* Vaginal mesh was [suspended across the UK in 2018](https://www.gov.uk/government/news/pause-on-the-use-of-vaginally-inserted-surgical-mesh-for-stress-urinary-incontinence) on the recommendation of Baroness Cumberlege as part of the [Independent Medicines and Medical Devices Safety Review](https://immdsreview.org.uk/).
* In January 2023, the Government’s [Health Select Committee](https://committees.parliament.uk/publications/33601/documents/182942/default/) updated on the harrowing effects of pelvic mesh and the response to improving patient safety.
* Among recommendations of the First Do No Harm report was the appointment of a [Patient Safety Commissioner](https://www.gov.uk/government/news/first-ever-patient-safety-commissioner-appointed) for England, a first for the UK. Taking the role is GP Dr Henrietta Hughes.
* How to [report](file:///C%3A%5CUsers%5CGDuncan%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C0IUWAJXX%5CReporting%20Adverse%20Mesh%20Complications%20to%20MHRA%20-%20The%20Pelvic%20Floor%20Society) pelvic mesh complications to the MHRA via the Yellow Card system.
* [MHRA](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/402162/Summary_of_the_evidence_on_the_benefits_and_risks_of_vaginal_mesh_implants.pdf) summary of the evidence on the benefits and risk of vaginal mesh implants.
1. [Overview | Urinary incontinence and pelvic organ prolapse in women: management | Guidance | NICE](https://www.nice.org.uk/guidance/ng123)

2 [Mesh complications: best practice in diagnosis and treatment - Paulina Bueno Garcia Reyes, Hashim Hashim, 2020 (sagepub.com)](https://journals.sagepub.com/doi/full/10.1177/1756287220942993) [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)