



C-Gyn 20

The Use of Mesh in Gynaecological Surgery

There is now a wide range of prosthetic materials (mesh) available for the treatment of pelvic organ prolapse. Most published data on synthetic mesh supports the use of monofilament, macroporous, knitted polypropylene mesh. Currently there is insufficient data on biological mesh or hybrid mesh to make an evidence based recommendation.

Good Practice Points

Mesh should only be used by Specialist gynaecological surgeons who have participated in a quality based training program and have been trained in the relevant surgical technique.

Fellows should be familiar with the relevant published literature on best practice, before using mesh in gynaecological surgery, as there are potential major complications in the use of mesh in the management of pelvic organ prolapse. There should be a documented consent process.

Patients should be counselled on alternatives such as native tissue repair.

Where mesh is used in procedures where the evidence is less established, it should only be employed in the context of an appropriately conducted clinical trial. This must include an informed consent document and Institutional Research Ethics Committee approval.

Where trainees and junior medical staff are involved in surgical procedures using mesh, it is incumbent on the supervising consultant to accept full responsibility for its use, the surgical technique and any subsequent complications.

As these are new procedures, all practitioners must conduct internal audit focussing on indications, outcomes and complications of procedures using mesh.

The references cited below include information about mesh usage and show that mesh can be used in pelvic surgery but with caution.

References

General

Maher C, Baessler K, Glazener CM, Adams EJ, Hagen S. Surgical management of pelvic organ prolapse in women. *Cochrane Database Syst Rev* 2004 Oct 18;(4):CD004014. Available at: <http://www.medscape.com/viewarticle/502079> (accessed 16 March 2007).

Pifarotti P, Meschia M, Gattei U, et al. Multicenter randomized trial of tension-free vaginal tape (TVT) and intravaginal slingplasty (IVS) for the treatment of stress urinary incontinence in women. *Neurourological Urodynamics* 2004;23:494–495.

Vault

Culligan PJ, Blackwell L, Goldsmith LJ. A randomized controlled trial comparing fascia lata and synthetic mesh for sacral colpopexy. *Obstetrics and Gynecology* 2005;106:29–37.

Maher CF, Qatawneh AM, Dwyer PL, Carey MP, Cornish A, Schluter PJ. Abdominal sacral colpopexy or vaginal sacrospinous colpopexy for vaginal vault prolapse: a prospective randomized study. *American Journal of Obstetrics and Gynecology* 2004;190:20-26.

Posterior Compartment

Altman D, Zetterstrom J, Mellgren A. A three-year prospective assessment of rectocele repair using porcine mesh. *Obstetrics and Gynecology* 2006;107:59–65.

Anterior Compartment

Weber AM, Walters MD, Piedmonte MR, Ballard LA. Anterior colporrhaphy: a randomized trial of three surgical techniques. *American Journal of Obstetrics and Gynecology* 2001;185:1299–1304.

Mesh Complications

Collinet P, Belot F, Debodinance P, Ha Duc E, Lucot JP, Cosson M. Transvaginal mesh technique for pelvic organ prolapse repair: mesh exposure management and risk factors. *International Urogynecology Journal of Pelvic Floor Dysfunction* 2006;17(4):315-20.

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