

## Review of statements on use of synthetic mesh

Use of synthetic mesh for gynecologic surgery has grown in popularity since the early 1990s, but awareness of previously unexpected complications has followed.

FIGO's expert <u>Committee on Urogynecology and Pelvic Floor</u> reviewed and summarised published clinical recommendations regarding the use of mesh, to help inform the global OBGYN community.

An estimated one in five women will need surgical treatment for pelvic organ prolapse (POP) and stress urinary incontinence (SUI) during their lifetime, with many requiring further surgery for recurrent conditions.

Significant research into approaches that could reduce the high frequency of repeat surgery has led to increased use of synthetic mesh. This increased use has been followed by a growing awareness of the potential risks, including mesh erosion and exposure, sexual dysfunction, urinary tract injury, vaginal and pelvic pain, and bleeding.

Regulatory warnings, legal action in some countries by patients reporting negative effects, as well as growing media interest and widespread use of social media by patients have all increased public concern.

Said FIGO's Committee on Urogynecology and Pelvic Floor, in the review <u>published in FIGO's</u> <u>peer-reviewed journal</u>, the International Journal of Gynecology and Obstetrics (IJGO):

Recent medical science and surgical technology related to mesh use represent a fast moving train with few stops. It is thus likely that recently launched mesh products have not yet been evaluated in sufficient patient volumes, or have had sufficient scrutiny in non-low-risk patients to recognise the risks and benefits associated with their use.

In the FIGO review of statements on use of synthetic mesh for pelvic organ prolapse and stress urinary incontinence, authors collected and reviewed the recommendations from 24 international professional associations and government agencies, addressing reported outcomes and providing clinical recommendations for mesh use.

Official position statements can be hard to access for surgeons working in some geographic regions, and FIGO's review is intended to help inform and potentially adjust clinical practice.

The Committee identified a large volume of recommendations, suggesting that synthetic mesh remains a highly controversial topic. They also found a lot of alignment and agreement, strongly suggesting that surgeons working in regions without a professional body producing recommendations should nevertheless recognise the importance of this issue and adopt the recommendations in their clinical practice.

The review recommends that gynecologic surgeons worldwide:

- familiarise themselves with reported outcomes
- use synthetic mesh only for specific recognised indications among their patients with POP and SUI
- clearly discuss the risks and benefits of mesh use preoperatively with their patients
- track their clinical and surgical outcomes methodically
- remain familiar with any new data that become available regarding vaginal mesh use.

## **FIGO Statement**

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Ultimately, the negative experiences reported by patients cause significant damage to women's health and quality of life, and FIGO's Committee states clearly that these must be addressed and acted on.

It is only through these efforts clinicians will be able to optimise their outcomes when treating women who put their health and wellbeing in the surgeon's hands.