

Information for General Practitioners regarding Mesh Implant for Pelvic Organ Prolapse

(also called Vaginal Prolapse)

Transvaginal mesh is not generally first line treatment for pelvic organ (vaginal) prolapse. There are non-surgical and non-mesh treatments that should be comprehensively discussed with the patient.

Patients with possible complications from mesh procedures should be referred to a urogynaecologist or gynaecologist experienced in pelvic reconstructive surgery for further review. There are specialist services available in NSW with experience in managing mesh complications.

A number of women have reported severe complications following the use of transvaginal mesh to surgically treat pelvic organ prolapse. Please note that these concerns do not apply to the use of mesh in the surgical treatment of other conditions.

This resource is to provide guidance in the management of patients considering, or with, transvaginal mesh implant for pelvic organ prolapse.

Patients with symptomatic pelvic organ prolapse

Surgery is not necessary for all patients with prolapse. Non-surgical management such as vaginal oestrogen treatment, pessary use and physiotherapy can be helpful in many cases. Mesh is not generally recommended as the first line surgical treatment for pelvic organ prolapse and there are other surgical treatments which should be discussed in the first instance.

Transvaginal mesh implant may be appropriate for a small group of patients, such as women with recurrent, severe and complex prolapse or women with other medical conditions putting them at high risk of surgical failure.

It is important to ensure that the patient has had the procedure fully explained and information provided on all possible risks by the surgeon. A second opinion may also be sought from an independent urogynaecologist or gynaecologist experienced in pelvic reconstructive surgery.

Patients with transvaginal mesh implant and no complications

The majority of women who have had a mesh implant for pelvic organ prolapse have a good long-term result.

Around 8 to 15% of transvaginal mesh procedures will have a complication, of which most are minor or temporary. However, some women have experienced severe complications. Complications may occur several years after the procedure.

Patients with transvaginal mesh implant and possible complications

Patients who have had a mesh implant may present with symptoms they are concerned could be mesh-related. These include:

- Irregular vaginal bleeding or discharge
- Pelvic pain or swelling
- Discomfort during intercourse
- Recurrent or new bladder or bowel symptoms
- Prickling feeling or pain in the vagina, which may be exacerbated by exercise
- Buttock or leg pain

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Specific signs of mesh complications on examination include:

- Tenderness on palpating the mesh
- Mesh exposure (erosion) into the vagina
- Mesh erosion into the bladder, urethra or bowel
- Vaginal adhesions and/or scarring

If a mesh complication is suspected, the following steps should be taken:

1. If possible, consult with the original surgeon. If you are unsure if mesh was used, you can order a pelvic floor ultrasound to confirm the presence of pelvic mesh.
2. Refer to a specialist service that has experience in managing women with mesh complications. If the woman cannot easily attend the specialist service because of reasons such distance, refer to a local gynaecologist who can liaise with the specialty service.
3. Report any suspected mesh-related adverse events to the Therapeutic Goods Administration.

Specialist clinics are available at:

John Hunter Hospital

Phone 02 4921 3600

Nepean Hospital

Phone 02 4734 4777

Royal North Shore Hospital

Phone 9463 2352

Royal Prince Alfred Hospital

Phone 0436 946 835

St George Hospital

Phone 02 9113 2272

Westmead Hospital

Phone 02 8890 7668

Further Information and Resources

NSW Health Patient Information Sheets

1. [Information for Patients Considering a Mesh Implant for Pelvic Organ Prolapse \(also called Vaginal Prolapse\)](#)
2. [Information for Patients with Mesh Implant for Pelvic Organ Prolapse \(also called Vaginal Prolapse\)](#)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

<https://www.ranzcog.edu.au/Mesh-Resources>

Urogynaecological Society of Australasia

<https://www.ugsa.com.au/>

Therapeutic Goods Administration

<https://www.tga.gov.au/reporting-adverse-events>

Australian Commission on Safety and Quality in Health Care

<https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/>