

Information for Patients Considering a Mesh Implant for Pelvic Organ Prolapse

(also called Vaginal Prolapse)



What is pelvic organ (vaginal) prolapse?

The pelvic floor muscles hold up the bowel, bladder and uterus. When the muscles become weak the bowel, bladder and/or uterus can push into the vagina. You may have bladder or bowel problems.

Common causes of weakened pelvic floor muscles include pregnancy, childbirth, aging, obesity and chronic constipation.

What are the options for treatment?

- Wait and see
- Vaginal oestrogen tablets or cream
- Physiotherapy
- Vaginal support pessaries
- Surgery without mesh
- Surgery using mesh

You should talk to your doctor about which option is best for you.

What are the non-surgical options for treatment?

You can wait and monitor your symptoms over time before making any decision about further treatment.

Vaginal pessaries are devices which are put into the vagina by a doctor to help support your organs.

You may be asked to use a cream inside your vagina.

A specially trained physiotherapist can give you exercises to help strengthen your pelvic floor muscles.

What are the options for surgery without mesh?

If you have tried the non-surgical options but these have not worked, your doctor will talk with you about surgery. Some surgical techniques involve repairing the tissue without the use of mesh.

What about surgery with mesh?

There is little information about how safe and effective surgery using transvaginal mesh is. Some women have reported severe problems after the use of transvaginal mesh. Therefore it is generally not the first option for treatment.

Surgery with mesh is usually used for women with recurrent or severe pelvic organ prolapse. It is used where other treatments have not worked. You will need to be informed of the risks that come with mesh implant before consenting to undertake the surgery.

Most women who have a mesh implant have a good long-term result.

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What are the possible risks associated with mesh implant?

There are risks for all surgery including reacting to anaesthetics, bleeding and infection.

There are risks from prolapse surgery with or without mesh, including:

- That it will not fix the problem
- You may have bladder or bowel problems
- You may have pain during sexual intercourse
- You may have ongoing pelvic pain

Risks from mesh implant include:

- The mesh wears away through the vaginal wall
- The mesh damages the bowel or bladder, requiring further surgery

Ongoing pelvic pain and pain during sexual intercourse may be more common after mesh surgery.

Between 8 and 15% of women have a problem after surgery with transvaginal mesh for pelvic organ prolapse. These may occur many years after the implant. You may need further surgery and it may be hard to remove the mesh if this is needed. The doctors may not recommend removal of the mesh. If the mesh is removed the symptoms may still be there.

Where can I go for more information?

Talk to your doctor. Ask about the best treatment for you. You can ask for a second opinion from an independent urogynaecologist or a gynaecologist experienced in pelvic floor surgery.

A urogynaecologist is a specialist in disorders of the female pelvic floor.

A gynaecologist is a specialist in women's reproductive health.

Further information is available from the following organisations:

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/>

Australian Commission on Safety and Quality in Health Care

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

Note: Includes consumer forum details.

Therapeutic Goods Administration

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

Note: Includes full list of reported adverse events and how to report an adverse event.