

MESH COMPLICATIONS

Transvaginal mesh surgery has been used by gynaecologists for the surgical treatment of incontinence and vaginal prolapse. The mesh used is usually a permanent synthetic mesh which reinforces the weak tissues of the vagina.

In most cases where mesh is used, there are no complications, however in some women the mesh has caused problems with mesh erosion (also known as mesh exposure or extrusion). When the mesh is felt in the vagina, this can cause bleeding and discharge and pain during sex for the woman and/or her partner. Usually, the mesh can be removed in part through the vagina as a day patient procedure.

In some cases, the mesh has caused more severe pain. The mesh may have eroded into the bladder or bowel or be causing constant pain and discomfort. In these women, more complex mesh removal may need to be performed. Prior to any mesh removal, further investigation such as 4D ultrasound and cystoscopy will be required. A multi-disciplinary team is required in complex cases, and as such, referral to another tertiary level hospital such as the Queensland Pelvic Mesh Service (QPMS) at Varsity Lakes Day Hospital, Gold Coast, will be recommended. If you wish to be referred directly to QPMS please ask your GP to complete the referral on the Queensland Health website.

For further information on mesh removal and mesh surgery:

<https://www.ugsa.com.au/help-after-mesh-surgery>

[Treatment options for complications of transvaginal mesh \(including options for mesh removal\) | Australian Commission on Safety and Quality in Health Care](#)

What is mesh?

- Mesh is a synthetic material and is permanent. It is very difficult to fully remove once placed.
- The mesh has holes within it which the body's tissue grows into to fix the mesh into place over 3-4 weeks after surgery.

What happens during mesh removal surgery?

- Women undergoing mesh removal surgery have the operation with general anaesthetic or regional (spinal) anaesthetic.
- A cut is made into the vagina over the mesh that has come through and the mesh underlying the erosion/exposure is excised.
- Depending on the site of the mesh, a cystoscopy (medical telescope to check inside the bladder) is performed to ensure that the bladder has not been damaged.
- The vagina is then closed over the mesh erosion/exposure site.
- Antibiotics will be given during the surgery.

Are there any complications?

- There is a risk of mesh coming through the vagina again at a later date. This may cause bleeding and discomfort. Further surgery may be required.
- Ongoing pain in the vagina or groin due to the mesh. This may require further excision of some of the mesh at a later date. It is however very difficult to fully remove all of the mesh and in some cases the pain cannot be resolved.
- Recurrence of symptoms of incontinence and/or prolapse following the surgery. If this occurs, the presence of the mesh makes further surgery complex.
- Damage to the bladder or bowel during the surgery which would require repair during the surgery. A cystoscopy (look inside the bladder) may be performed at the end of the operation to check for any damage.
- Rarely if the bladder or bowel were damaged, a fistula (connection between the vagina and bladder or bowel) can occur. This would cause constant leakage and require further surgery to correct the fistula.
- Difficulty passing urine initially after the surgery requiring a catheter for days to weeks. This usually resolves once the swelling and bruising settles.
- Some women experience pain with sexual intercourse or difficulty with intercourse due to scarring following the surgery. This may require further surgery remove more of the mesh. It is difficult to fully excise the mesh and in some cases the pain cannot be resolved.
- General risks of having an operation including the anaesthetic, bleeding, pain and discomfort, infection in the surgical site or urinary tract, clots in the legs which can travel to the lungs, lung infections, stroke, and heart attack.

Recovery time

- Most women stay in hospital for the day only.
- You will need someone to drive you home.
- You are advised to increase your fluid intake for 24 hours after the test to prevent urinary tract infection. If you are concerned that you may have an infection, please see your own local doctor, or call Dr Higgs' rooms.
- Some women will have some lower abdominal discomfort after the procedure and need some pain relief (usually paracetamol will be all that is required).
- You will be able to return to normal activities the next day.
- No sexual activity or tampons for 4-6 weeks.

Many women experience some bleeding after the surgery which should be lighter than a period. This may become heavier after 1-2 weeks when the stitches dissolve.

If you have concerns following the surgery, please phone Dr Higgs' rooms on 07 53155361 or contact Buderim Private Hospital (07 5430 3303) and ask to speak to a nurse on the surgical ward (Ward 1A or 4B).