Pelvic floor mesh surgery complications and mesh removal

Multidisciplinary service model

This fact sheet provides guidance for states, territories, private health services and clinicians on the multidisciplinary service model for the care of women with complications following pelvic floor mesh surgery. It also includes information on the specialty services required for multidisciplinary care.

What is pelvic floor mesh surgery?

Pelvic floor disorders, such as urinary incontinence and pelvic organ prolapse, are common in Australian women, with prevalence increasing with number of births and age. Pelvic mesh surgery (vaginally placed mesh to treat pelvic organ prolapse [POP], abdominally placed mesh to treat POP, and mesh for treatment of incontinence) may be performed for treatment of pelvic floor disorders. Examples of procedures performed for these conditions using pelvic mesh include sacrocolpopexy, sacrohysteropexy and rectopexy.

Why is a multidisciplinary service needed for pelvic floor mesh surgery complications and mesh removal?

For women who have experienced complications, the symptoms range from mild to debilitating and may have significantly affected their quality of life and emotional and psychological well-being. Significant complications include pain and the involvement of other organs and require careful assessment to determine appropriate treatment. Substantial removal of mesh may be indicated as part of a multidisciplinary treatment regimen to address the patient's symptoms and complications.

Core components of a multidisciplinary service for pelvic floor mesh surgery complications and mesh removal

Each state and territory should develop arrangements for a networked multidisciplinary service that meets the needs of women with complications following pelvic floor mesh surgery, including those that may require mesh removal. For smaller jurisdictions and private health service providers, this may involve the establishment of referral arrangements with a large state's service.

Service arrangements should accommodate the distribution of women who require care and variability in local service capability, particularly in rural and regional settings, where the full range of multidisciplinary services may not be available in one location.

The core components of the model of care and services for treatment of complications and/or removal of mesh following pelvic floor surgery are listed below.

- A jurisdiction-wide approach that ensures ready access for consumers and clinicians to information and resources about the location, the range of services and clinicians involved in providing services, and clinicians' credentialing status.
- An integrated, coordinated multidisciplinary care pathway, including referral networks, an interface with general practitioners and support for virtual care access in the referral and post-care phases.
- Leadership by a specialist medical consultant with expertise in and credentialing for the management of pelvic floor conditions and complications and access to appropriate inpatient, diagnostic and multidisciplinary team services.
- A patient-centred model of care, including capacity to tailor service components to individual patient needs and different stages of the care journey and access to appropriate consumer information and resources to ensure informed consent.
- A means for patients to easily access their medical record, free of charges.
- An established system to define scope of practice and to credential and re-credential the clinicians involved in the leadership and provision of pelvic mesh removal services, including consideration of specific credentialing criteria for this procedure.
- Participation in the Australasian Pelvic Floor Procedure Registry to contribute information to improve quality of care and increase the safety and awareness of patients undergoing pelvic floor procedures.

Links to information about services provided by each state and territory are available here. The Therapeutic Goods Administration provides information on its website for clinicians and consumers about urogynaecological (pelvic floor) surgical mesh devices.

Specialty services and the multidisciplinary team

A range of specialty services is required to contribute to a multidisciplinary team to provide comprehensive care and support for patients with complications following pelvic floor mesh surgery.

Each member of the multidisciplinary team brings a different area of expertise that supports care planning to streamline referrals, prevent unnecessary tests, and support consideration of the physical, social, cultural and emotional needs of the patient.

The management of each patient should be discussed at a multidisciplinary team meeting that includes surgeons from the relevant specialties, and an individual treatment plan should be developed and reviewed regularly.

Table 1 below provides summary information on the specialty services that contribute to the multidisciplinary team for care and support for patients with complications following pelvic floor mesh surgery, and those who may require mesh removal.

Table 1 Specialty services required for the multidisciplinary model of care for pelvic floor mesh complications

Specialty	Additional information: minimum requirements and roles
Urogynaecology	Credentialled for pelvic floor reconstructive procedures and procedures for mesh revision and/or removal.
Urology	Credentialled for female pelvic floor reconstructive procedures and procedures for mesh revision and/or removal.
Gynaecology	Credentialled for female pelvic floor reconstructive procedures and procedures for mesh revision and/or removal.
Colorectal surgery	Credentialled and an accredited colorectal surgeon through the Colorectal Surgical Society of Australia and New Zealand.
Psychiatry and psychology	Provide support for mental health challenges, including individualised support and interventions that contribute to overall wellbeing.
Diagnostic services	For example, imaging, endoscopy and urodynamics services to support accurate assessment of mesh complications.
Social Work	Provide direct interventions for patients and their families with the aim of enhancing biopsychosocial and emotional functioning and overall wellbeing.
Pain management	Support patient comfort and facilitate access to pain management services and strategies tailored to the patient's needs.
Continence	Continence specialists support assessment and management of temporary or ongoing incontinence and other bladder, bowel and/or pelvic floor muscle dysfunction.
Nurses	Provide continence care and/or support case management of these complex cases and coordination of the multidisciplinary team.
Physiotherapy	Supports symptom management and the management of issues such as bladder and bowel problems and pain.
Consumer advocates	Provide support, raise awareness and work to ensure women receive appropriate information, informed consent and care.
Care navigator (optional)	Helps patients and families navigate the healthcare system to ensure timely access to services, coordinated care, and support for complex health needs.

For more information

Please visit: https://www.safetyandquality.gov.au/womens-health