Care Pathway for the Management and Referral of Transvaginal Mesh Complications

Synthetic transvaginal mesh has been used to manage pelvic organ prolapse (POP) and stress urinary incontinence (SUI) in Australian women for over 15 years. In November 2017 the Therapeutic Goods Administration removed transvaginal mesh products where the sole use is the treatment of POP. Transvaginal mesh is a recommended treatment for SUI in women. Some women experience significant complications associated with transvaginal mesh following treatment for POP and SUI. This care pathway assists general practitioners to assess and manage women who may be experiencing transvaginal mesh complications.

HISTORY

Recent mesh insertion e.g. ≤ 6 weeks since transvaginal mesh procedure performed

Mesh not inserted recently, or a history of mesh is not documented

Women experiencing significant pain in the pelvis / vagina / lower back / thigh, bleeding from the vagina / bladder / bowel, infection, extrusion or erosion of the mesh through the vagina, urinary tract symptoms such as retention, urinary infection and incontinence

Does the woman report any of the following since their operation?

- Pain in the pelvis / lower back / thigh
- Awareness of the mesh during intercourse or pain during intercourse for the patient or their partner (dyspareunia)
- A prickling feeling or pain in the vagina
- Vaginal bleeding
- Mesh palpable in the vagina
- Recurrent urinary or vaginal infection
- Other urinary tract symptoms such as incontinence, voiding difficulties, retention

If YES:

- Describe and document all symptoms reported by the woman
- Record impacts the woman reports of symptoms on quality of life, relationships, social and occupational function
- Take a comprehensive gynaecological history and consider all potential causes of the woman's symptoms (continence, prolapse, sexual function, abnormal cervical cytology) and obstetric
- Take a comprehensive mesh operative history:
  - Initial procedure, any subsequent procedures, when and where procedures were performed
  - Treatments woman has received for mesh complications (medications, physical therapies, any other treatments)
- Mental health history
- Where possible, obtain a copy of the woman's operation records to confirm what transvaginal mesh procedures were performed

If NO symptoms to date:

- Reassurance only required

CLINICAL ASSESSMENT

Clinical assessment as required

- Clinical health assessment
- Abdominal, pelvic and vaginal examination
  - Signs of mesh complications on examination may include: tenderness on palpation, visible mesh in the vagina, vaginal adhesions and / or scarring
- Comprehensive investigation for causes of the woman's symptoms as indicated clinically

MANAGEMENT

Urgent referral to treating specialist for management of complications

If mesh complications are suspected, offer the woman referral to a relevant specialist or to a multidisciplinary clinical service that specialises in the treatment of women with transvaginal mesh complications. Women with uncomplicated mesh erosion or exposure may opt for treatment by a gynaecology, urology or urogynaecology service

NOTES:

- Although mesh erosion may be asymptomatic patients still require further specialist review
- An examination of the vagina may not be possible due to patient discomfort. Examination under anaesthesia by specialist may be indicated

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