Biological Grafts and Plastic Mesh Inlay for Vaginal Wall Prolapse Repair

This is to be read in conjunction with the Posterior Repair or the Anterior Repair Patient Information Sheets

Patient Information Leaflet

BSUG Patient Information Sheet Disclaimer

This patient information sheet was put together by members of the BSUG Governance Committee paying particular reference to any relevant NICE Guidance. It is a resource for you to edit to your needs. Some may choose to use the document as it stands, others may choose to edit or use part of it. The BSUGs Governance Committee and the Executive Committee cannot be held responsible for errors or any consequences arising from the use of the information contained in it. The placing of this information sheet on the BSUGs website does not constitute an endorsement by BSUGs.

We will endeavour to update the information sheets at least every two years.

Version 2 (Graft Mesh BSUG F2)
Reason for use of surgical materials

Having discussed your particular problem your doctor may decide that the operation for your prolapse might be strengthened by the use of surgical material. Such indications may include:

1. recurrent prolapse
2. Asthma / chronic cough
3. Obesity

What materials can be used?

There are essentially 2 types of material that can be used:

1. Biological grafts – material (bowel or skin) derived from either pig or cow. This tissue is highly processed to remove cells and viruses so that only a fibrous inner material remains.

2. Plastic Mesh – the plastic meshes that are used are a plastic called polypropylene (Prolene) and the construction of the mesh is fairly standardised – either knitted or weaved, with gaps in the mesh large enough to allow certain cells of the body to pass through them. These cells are involved in finding and killing harmful bacteria. The meshes manufactured by different companies however are not exactly the same. They vary in flexibility, stretch, brittleness and contraction.
Where the material is placed

The material arrives as a sheet which is cut to the desired size. To support the front vaginal wall, it is placed between the bladder and the vaginal skin, having made a vertical incision in the front vaginal wall as described in the ‘An Operation for Anterior Vaginal Wall Prolapse’ leaflet. Similarly, to support the back vaginal wall it is placed between the bowel and the vaginal skin, having made a vertical incision in the back vaginal wall as described in the ‘An Operation for Posterior Vaginal Wall Prolapse’ leaflet. The graft or mesh is often fixed into place with surgical stitches.

Potential Benefits of the use of these Materials

1. They may allow a vaginal wall to be supported without reducing the girth of the vagina. Sometimes standard operations result in narrowing of the vagina which can cause pain on intercourse.
2. If an operation has been done once and hasn’t worked, these materials may add further strength to the repeat operation although this has not been proven.

Are There Any Additional Risks

1. There is some evidence that these grafts and meshes may provide a longer or better repair but the amount of evidence is small and so far the quality of this evidence is poor.
2. If an infection occurs at the operation site it can be more difficult to treat and may require that the graft / mesh are removed.
3. The mesh may contract over time and could narrow the vagina causing pain on intercourse.
4. If the healing is poor over a mesh, the mesh may start to push through the vaginal incision. This is called ‘mesh exposure/extrusion’ and can occur in up to 10% (1/10 to 1/100 i.e. common) of patients when the plastic mesh is used (not the biological graft).

Causes of mesh exposure might be:
• Infection
• Early intercourse
• Poor vaginal skin quality
• Smoking
• Certain diseases

5. The long-term risks of these materials are presently unknown.

What the Medicines and Healthcare Products Regulatory Agency suggest

In response to reported adverse events and concerns about mesh products the Medicines and Healthcare Products Regulatory Agency (MHRA), on behalf of the Department of Health (DOH), commissioned a review of evidence related to most frequent adverse events. The risks quoted in this leaflet are based on the MHRA report. It is now mandatory that any complications related to mesh are reported to the MHRA. In addition the MHRA have published a list of questions patients should discuss with their surgeon before proceeding with the surgery and these are listed below.

• Why have you chosen the use of surgical mesh or a traditional non-mesh repair in my particular case?
• What are the alternatives?
• What are the chances of success with the use of mesh versus use of other procedures such as traditional surgery?
• What are the pros and cons of using mesh including associated side-effects and what are the pros and cons of alternative procedures such as traditional surgery?
• What sexual problems may be encountered with use of mesh and traditional surgery and/or other procedures?
If mesh is to be used, what experience have you had with implanting these devices?

What have been the outcomes from the people whom you have treated?

What has been your experience in dealing with any complications that might occur?

What if the mesh does not correct my problems?

What other treatments are available?

What can I expect to feel after surgery and for how long?

If I have a complication related to the mesh, can the mesh be removed and what are the consequences associated with this?

Where can I obtain more information?

Bladder & Bowel Foundation
SATRA Innovation Park
Rockingham Road
Kettering, Northants, NN16 9JH

Nurse Helpline for medical advice: 0845 345 0165
Counsellor Helpline: 0870 770 3246
General enquiries: 01536 533255
Fax: 01536 533240

mailto:info@bladderandbowelfoundation.org

http://www.bladderandbowelfoundation.org/

Also: http://www.nice.org.uk/nicemedia/pdf/IPG267PublicInfo.doc
Things I need to know before I have my operation.
Please list below any questions you may have, having read this leaflet.
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Please describe what your expectations are from surgery.
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