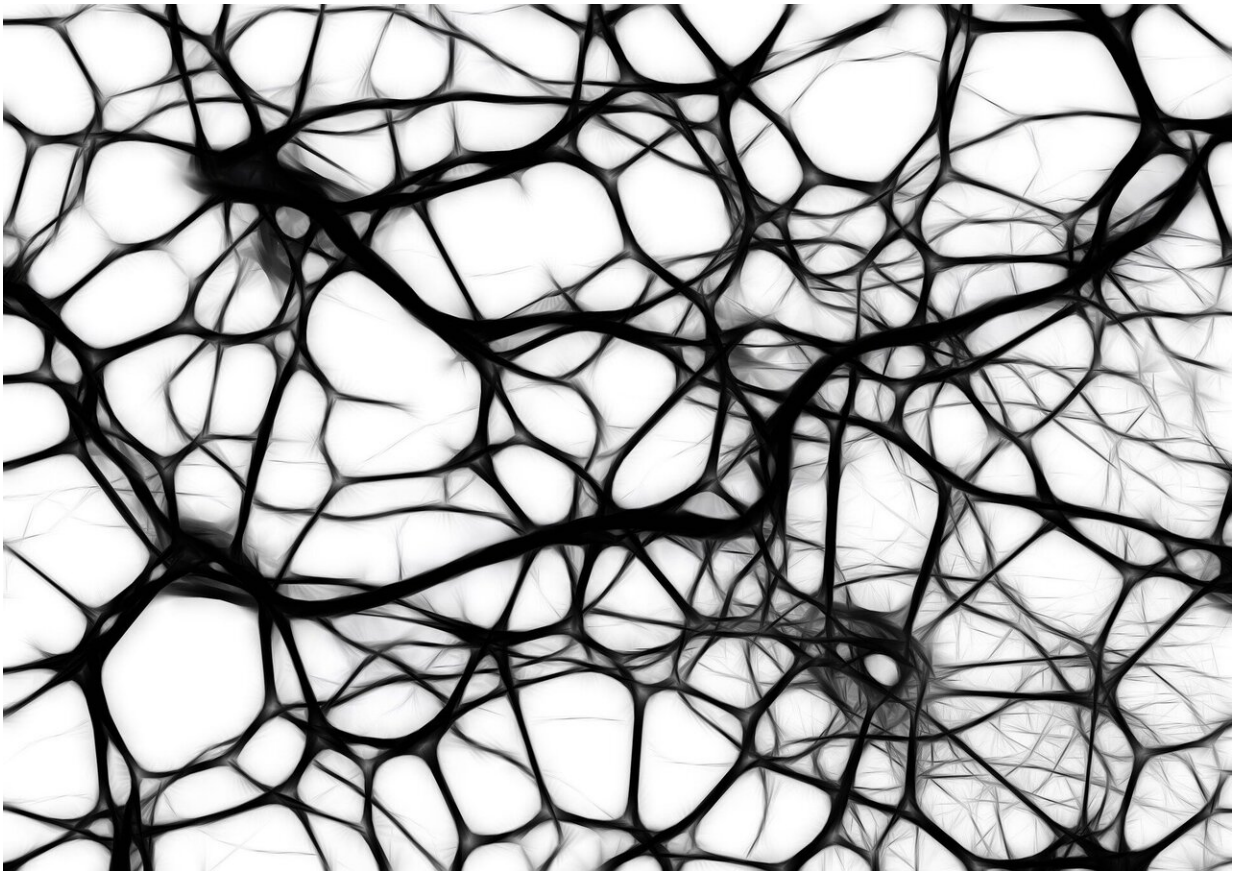


Amid surgical mesh concerns, surgeons are asked: What treatment would you choose for yourself?

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There is a long history of confusion and controversy regarding the use of

polypropylene mesh materials for pelvic floor disorders in women, such as stress urinary incontinence (SUI) or pelvic organ prolapse (POP). So what option would specialist surgeons choose if they were to undergo these procedures themselves? That's the question asked in a survey study in *Urology Practice*.

Most surgeons would choose [mesh](#) for a hypothetical SUI surgery, while treatment choices for POP are mixed, according to the report by William J. Devan, MD, of Maine Medical Center, Portland, and colleagues. They write that "overall, we hope that the implications of the study findings will help to lessen the negative stigma associated with overall mesh use."

Specialists would opt for mesh surgery for SUI—but not transvaginal POP repair

Polypropylene mesh has long been used in surgery for [pelvic floor disorders](#), but there is a history of concerns over the safety of these materials. Beginning in 2008, the FDA issued a series of alerts warning of rare but potentially serious complications related to the use of mesh to treat SUI and POP. Although these complications can occur in many types of mesh procedures, they appear most common after transvaginal (surgery performed via the vagina), as opposed to abdominal surgery.

Subsequent data suggested that serious complications are "not rare" in women undergoing transvaginal mesh procedures for POP. In 2019, the FDA ordered mesh products for transvaginal procedures for POP to be permanently removed from the market. Meanwhile, "sling" procedures using mesh materials are regarded as safe and effective, and are still the most common type of surgical treatment for SUI.

Given this long and complex history, what are the opinions of the experts

who perform these procedures? Dr. Devan and colleagues surveyed members of two leading specialty societies: the Society of Urodynamics, Female Pelvic Medicine, and Urogenital Reconstruction (SUFU) and the American Urogynecologic Society (AUGS). These experts were presented with a list of options for managing SUI and POP and asked which treatment they would choose, if making the decision for themselves.

For SUI, 69% of surgeons said they would opt for a mesh procedure—specifically, a mid-urethral sling procedure using polypropylene mesh. The remaining surgeons said they would choose one of five other options, one of which was "no treatment." There were some differences in opinion among different subgroups. For example, surgeons who performed a high volume of procedures were more likely to say they would opt for a mesh mid-urethral sling procedure, if undergoing treatment for SUI.

In contrast, there was no clear single choice for treatment of POP. Most surgeons said they would opt for conventional abdominal [surgery](#) with mesh or vaginal pelvic floor reconstruction using their own native tissues.

Thus the views of the surgical specialists "seem to align" with the FDA's recommendations supporting mesh use for SUI—but against transvaginal mesh for POP. Dr. Devan and colleagues conclude, "We hope that if patients learn that the surgeons who perform these operations would opt for mesh when used appropriately, the patients might view it more favorably."

More information: William J. Devan et al, Would Surgeons Opt for Polypropylene Mesh if They Hypothetically Had Stress Urinary Incontinence or Pelvic Organ Prolapse?, *Urology Practice* (2022). [DOI: 10.1097/UPJ.0000000000000307](https://doi.org/10.1097/UPJ.0000000000000307)

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