HOUSE OF COMMONS LIBRARY

DEBATE PACK

Number CDP-0184, 12 October 2017

Risks of surgical mesh implants

Sarah Barber
Nikki Sutherland

This pack has been prepared ahead of the debate to be held in Westminster Hall on 18 October 2017 at 9.30am on the risks of surgical mesh implants. The debate will be opened by Emma Hardy MP.

Please see the House of Commons Library's Briefing Paper on Surgical mesh implants for more information.

Contents

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. News items and studies

Guardian

MPs to debate use of controversial vaginal mesh implants

10 October 2017

https://www.theguardian.com/society/2017/oct/10/mps-to-debate-use-of-controversial-vaginal-mesh-implants

Guardian

'Scandal' of vaginal mesh removal rates revealed by NHS records

15 August 2017

https://www.theguardian.com/society/2017/aug/15/scandal-of-vaginal-mesh-removal-rates-revealed-by-nhs-records

Independent

The vaginal mesh scandal is the 'new thalidomide' – so where is the outcry?

27 July 2017

http://www.independent.co.uk/news/long_reads/transvaginal-mesh-vaginal-procedure-surgery-tvt-gynaecology-thalidomide-womens-health-psychology-a7862126.html

BMJ

Patients harmed by mesh implants address emotional parliamentary meeting

25 July 2017

http://www.bmj.com/content/358/bmj.j3585

Guardian

Senior doctors call for public inquiry into use of vaginal mesh surgery in UK

18 July 2017

https://www.theguardian.com/society/2017/jul/18/senior-doctors-call-for-public-inquiry-into-use-of-vaginal-mesh-surgery-in-uk

BBC News Online

Vaginal mesh implants: Hundreds sue NHS over 'barbaric' treatment

18 April 2017

http://www.bbc.co.uk/news/health-39567240

2. Press releases

Medicines and Healthcare products Regulatory Agency

MHRA response to the final report of the Mesh Oversight Group

26 July 2017

NHS England set up the Mesh Working Group to address the concerns of a number of patients and clinicians.

John Wilkinson, Director of Devices at MHRA, said:

> Patient safety is our highest priority and we sympathise with women who have suffered complications after surgery.
>
> We are committed to helping address the serious concerns raised by some patients. We have undertaken work to assess the findings of studies undertaken by the clinical community over many years, as well as considering the feedback from all sources in that time.
>
> What we continue to see is that evidence supports the use of these devices in the UK for treatment of the distressing conditions of incontinence and organ prolapse in appropriate circumstances. This is supported by the greater proportion of the clinical community and patients.
>
> In common with other medical device regulators worldwide, none of whom have removed these devices from the market, we are not aware of a robust body of evidence which would lead to the conclusion these devices are unsafe if used as intended.
>
> We actively encourage patients and healthcare professionals to report complications associated with these implants through the Yellow Card Scheme.

The final report of the NHS England-led Mesh Working Group can be found on the NHS England website.

In 2014 MHRA also produced a summary report of the evidence on the benefits and risks of vaginal mesh implants as part of ongoing research.

Royal College of Obstetricians and Gynaecologists

RCOG and BSUG response to NHS Mesh report

25 July 2017

NHS England has today published a new report setting out progress to improve information about treatment options and support for women with stress urinary incontinence and pelvic organ prolapse.

The report outlines the ongoing work taking place across the NHS to reduce the number of women experiences complications as a result of vaginal mesh surgery and puts in place the necessary care and support for women who do.

An interim report in 2015 recognised three key areas of action and made recommendations on what should be done to tackle them. These focussed on improving clinical quality and practice to achieve good

outcomes consistently, better data and information and informed consent. Today's report describes how those recommendation are being delivered.

Clinical representatives from the Royal College of Obstetricians and Gynaecologists (RCOG) and British Society of Urogynaecology (BSUG) sat on the oversight group which produced the report, and a lay representative from the RCOG's Women's Voices Involvement Panel sat on the working group that developed the new patient information leaflets.

Commenting on today's report, Mr Eddie Morris, vice president for clinical quality at RCOG, said:

> It is absolutely right that women who experience complications relating to mesh devices can now be referred to specialist units that have a multi-disciplinary team of professionals who can listen, advise and support them. Women with urinary incontinence or pelvic organ prolapse must be made aware of all the treatment options available and empowered with the information they need in order to make informed choices. For many women suffering from these conditions, mesh devices can be an effective form of treatment which is less invasive than alternative surgical procedures.

Professor Jonathan Duckett, vice chair of the British Society of Urogynaecology (BSUG) and member of the MESH oversight group, said**:**

> We are aware that women may experience complications following mesh surgery many years after the procedure, therefore primary care is likely to be the first place they raise their concerns. We are pleased that a learning resource for GPs has been created so that women with mesh complications receive the appropriate support and are swiftly referred to specialist centres.
>
> We are also pleased that women will now have access to consistent information to enable and support them have a structured discussion with their clinician about all the treatment options and ensure the risks are fully explored and understood. The leaflets will also ensure that clinicians can be responsive to the worries of their patients and can address concerns with guidance in a consistent, high quality and person centred manner.
>
> We will continue to promote the BSUG database to clinicians as a way of collecting more data that tells us about complications and we encourage clinicians and patients to report adverse incidents to the MHRA.

Lesley Briggs, a lay representative on the MESH working group and member of RCOG's Women's Voices Involvement Panel, said:

> This report is the culmination of a concerted effort by clinicians and patients to put into place changes so that current and future patients can expect high quality care when undergoing procedures involving mesh. Crucially there is now consistent and accurate information enabling each woman to enter into a dialogue with her doctor so she understands her condition, the treatments available – and the alternatives, what the treatment will entail and the risks associated with these procedures, enabling them to make an informed decision about their condition.

The RCOG has created a Mesh webpage bringing together a number of resources to help support decision-making by women and healthcare professionals about the use of mesh.

Notes to editors:

There are several treatment options available for both pelvic organ prolapse and stress urinary incontinence. These will depend on the severity of symptoms, a woman's age and health, and whether she is planning to have children in the future.

Treatment options for both conditions include pelvic floor exercise and lifestyle changes, such as losing weight, eating a high-fibre diet, cutting down on caffeine and alcohol, and avoiding heavy lifting and standing for long periods.

If other treatments for urinary incontinence (including bladder training and medication) are unsuccessful, surgery may be recommended. Healthcare professionals may also suggest surgical repair, vaginal mesh and hysterectomy for women with pelvic organ prolapse, if local hormone treatment and vaginal pessaries don't work.

Transvaginal mesh is one of several treatment options available for pelvic organ prolapse and stress urinary incontinence. Surgical procedures using mesh devices may be appropriate and can be far less invasive that alternative surgical produces.

Evidence from the recently published UK PROSPECT study in *The Lancet* shows that mesh is a successful treatment for prolapse in most cases, and the majority of women treated with mesh respond well to this treatment. Unfortunately, there is also a risk of possible complications which include mesh erosion, infection and bleeding, and the strain of future pregnancies may cause the prolapse to recur. Pain and dyspareunia (painful sex) also occur after native tissue (non-mesh) prolapse surgery.

As part of the regular update programme, NICE is currently revising its guidelines on female urinary incontinence on pelvic organ prolapse and these are due to be published in 2019.

Sling the Mesh campaign

Thousands suffer in silence

24 July 2017

- Mesh Report does not look into mesh safety.
- At least one in 11 women have complications.
- Hundreds more suffer in silence as six in ten surgeons don't log problems.
- Women who go to doctors or outpatients are not logged in mesh risk statistics.
- More than 126,000 mesh tape implants used in England alone in last decade.

- More than 4,800 mesh tape implants have been removed and 1,200 adverse events logged in England in the past decade but because of under-reporting, the real figure will be much higher.
- Pelvic mesh been used in NHS for 20 years.
- Patient reps and leading mesh removal surgeon not invited to mesh report meetings for 18 months.

Women are outraged after realising the NHS never intended to investigate mesh implant safety despite undertaking a three-year mesh review costing thousands of pounds.

A long-awaited report was never given funding to look at the mesh product itself. The review began in 2014 and involved experts and patient representatives. It only commissioned to look at patient leaflets, under-reporting and how to deal with women who suffer mesh complications.

Labour MP Owen Smith, who has set up an All Party Parliamentary Group into mesh, said:

> Mesh-injured women will be deeply disappointed by the outcomes of the final NHS England review, which seems to have made little progress since its interim report came out over a year ago.
>
> This was an opportunity for the NHS to take a lead and recommend a pause in the use of mesh until we know precisely how many women have been adversely affected by the product. Instead, they appear content to allow mesh to be widely used despite growing, international concerns about its potential ill effects.
>
> The only people pleased with this report will be the medical device companies who marketed mesh so diligently and who now fear mass litigation. Many companies have already taken their mesh products off the market, that alone should tell us something is not right with these devices.

Surgeon Wael Agur said:

> If we cannot obtain accurate figures on the true risks in real life, we cannot continue offering these procedures in the future. The UK mesh group did not plan to comment on safety of mesh procedures in comparison to the alternatives. Recording these procedures on a national database and reporting adverse events to watchdogs must be made mandatory.

Kath Sansom, of campaign group Sling The Mesh, said:

> They might as well park an ambulance at the bottom of a cliff and wait for women to fall in. They should have looked at product safety, not at ways to fix women once things have gone wrong.
>
> How can a major study of mesh not look at mesh safety. It is a whitewash. The NHS paid lip service to patient reps. Mesh implants are the only operation done blind, using large hooks to put in plastic that can then shrink, twist or degrade inside the body. But nobody has explored that.
>
> We want a full investigation and audit into how many women are suffering from mesh implants. While that takes place, we want a

> mesh suspension. We want a national register and NICE to urgently bring its SUI guidelines forward from 2019.

Life-changing pain

David Golten, partner and head of litigation at City law firm Wedlake Bell, leading the group legal action for Sling The Mesh, said:

> The suffering of women affected by surgical mesh implants is immense. They live not only with life-changing pain, but they also have to accept they will never again be the people they once were. The emotional impact of that for them and their families is appalling, and all for an operation that was supposed to improve their quality of life.
>
> We are putting together a team of leading legal experts from around the globe to represent these women to make sure they receive the redress they deserve.

Surgeon Suzy Elneil, of UCLH, said:

> The complexity of mesh surgery, no matter where it is placed, is not in the putting it in-situ, but in the preparation of the patient. This includes taking a proper history, investigating appropriately, instituting non-invasive measures such as physiotherapy, and offering the patient options of all available therapies. All of this requires informed consent, including the pros and cons of every procedure being discussed at length.
>
> In addition, should complications arise, there should be a defined pathway of care. But, above all the patient must be listened to and supported by us in the profession. To do otherwise would be harmful at all levels.

Retired surgeon John Osborne said:

> Undoubtedly many women have been helped by the TVT operation, but the complication rate seems to have been under-reported. My feeling is too many women have had this procedure as a quick fix when the symptoms did not justify the risk.

Jemima Williams of Welsh Mesh Survivors said:

> Wales has been ignored for years. This is the tip of a huge global iceberg that needs to be addressed now. Mesh should be suspended until an investigation is made into the adverse effects. No other life should be destroyed.

Jackie Harvey of Northern Irish mesh support group, said:

> Over 200 mesh-injured women in Northern Ireland have joined the local support group within the past four weeks. Heartbreaking stories of going to seek help with pain and infection only for many of them to be fobbed off or told they are the only one. The realisation is now dawning that they are unlikely to get the treatment they need in Northern Ireland, so are increasingly turning to England and choosing to pay for private treatment by mesh complication experts there.

Scottish Mesh Survivors said:

> Patients should not have had to campaign for years to highlight the suffering mesh implants have caused and to get basic safety measures in place. It is no longer acceptable for surgeons to *assume* that if a device has made it onto an NHS shelf it is safe.

> We have been let down badly by pro-mesh health professionals who cannot fix us when serious complications occur, and we have been let down by the MHRA who regurgitates the claim that the 'benefit [of mesh] outweighs the risk' without having necessary data to back up this up.
>
> We need the Government to step up to the mark and take responsibility for what is arguably the biggest health scandal ever and stop these procedures now!

Resignations

Four of seven patient reps resigned from the NHS review as they claimed they were not listened to and were not invited to meetings for the past 18 months.

Teresa Hughes said:

> This final report was made without patient members being on the oversight group and having no input. We were treated disgustingly, no communication for months.

Jill Lott, patient rep who resigned, said:

> We were nothing but a pawn to allow them to say patients were part of the process.

Ann Boni said:

> Patients were invited to these meetings as a box-ticking, lip service exercise on behalf of NHS England and the Department of Health. We have been treated as little more than an annoyance. They failed to listen to us.

Ingrid Hardacre said:

> While I welcome the much-needed addition of giving GPs more information, including 18 mesh specialists centres, this report has changed nothing, as it is till pro-mesh. Patients will continued to be harmed by dangerous, blind mesh procedures.

'Key areas of action'

A spokesman for NHS England said the interim report "recognised three key areas of action and made recommendations on what should be done to tackle them".

It said:

> These focused on improving clinical quality and practice to achieve good outcomes consistently, better data and information, and informed consent. It has not been NHS England's role to set the direction of the work: the expertise and experience in this field lie with the clinicians and patients.
>
> The working group's role has been to identify issues causing concern in the treatment of SUI and POP, particularly surrounding use of mesh devices, and make recommendations to the health system to address them.

For the mesh report, the NHS commissioned and provided funds to look at:

- Encouraging surgeons to report problems. Six in 10 don't.
- New patient information leaflets.

- How to deal with women suffering. Within that 16 hospitals in England and Scotland have become specialist mesh problem centres. There are none in Wales or Northern Ireland. Surgeons at some centres have no comprehensive mesh removal experience and many are known to have told women they are mystery mesh patients.

The NHS relies on NICE guidelines into mesh. However, the last major review of incontinence mesh was 2013. It was revised in 2015. The next major review is 2019. For prolapse mesh, a study, called PROSPECT, shows there are no benefits to using mesh and carries risk for at least one in ten women.

Watchdog body the MHRA said the mesh causes serious complications for a minority of women, but it remains an effective treatment option. It said the benefits of vaginal mesh implants outweigh the risks.

Some of the English group patient reps resigned due to not being listened to. They were made oversight members 18 months ago and have not been invited to any meetings in that time.

The Guardian reported the MHRA tried to limit media attention on mesh.

Westminster meeting

Members of Sling the Mesh held a packed meeting with Mr Smith on July 18 in Parliament where women and their families wept as they gave harrowing accounts of traumatic complications suffered from mesh implants.

At the meeting Carl Heneghan, professor of evidence-based medicine at Oxford University, said mesh was like the thalidomide scandal – except with that you could see the injuries. With mesh, problems are hidden.

Politicians in Scotland called for a suspension of mesh use in 2014; however the material is still widely used in England, Wales and Northern Ireland.

- Read the English group working party report into mesh. Commissioning details can be viewed on page 14.

Chartered Society of Physiotherapy

Mesh implant review: UK-wide implications

21 June 2017

A new review of transvaginal mesh implants in Scotland could influence clinical practice across the UK, says Louise Hunt.

The troubled inquiry into the use of transvaginal mesh implants is to undergo a further review, Scottish health minister Shona Robison said last month.

The decision comes after campaigners raised concerns over the transparency of the initial process. However, the recommendations from

the first review, which were welcomed by specialist women's health physios, are to be upheld.

The long-awaited 'Independent review of transvaginal mesh implants' report was published by the Scottish government on 27 March. It followed a series of post-surgery complications. Its conclusions are likely to have implications for practice across the UK.

CSP has been closely involved in the review process, with representatives on the review group and expert panel. 'This has been a long-running campaign by the CSP in Scotland,' said policy officer Kenryck Lloyd-Jones.

The vast majority of women who have implants do well. It is a small, but significant, group that has experienced terrible outcomes and this depends on individual factors'

He said that national guidance on pelvic dysfunction, which has now lapsed, did recommend that women should be offered physiotherapy initially, before surgery,'But this was clearly not happening because of the shortage of specialist pelvic health physiotherapists. As a result, some women did not receive their first physiotherapy appointment until after surgery.'

Earlier this year, a BBC investigation revealed that there are more than 800 women in the UK suing the NHS and mesh implant manufacturers for debilitating and life-changing problems they have incurred from mesh implant surgery. The lawsuits could amount to tens of millions of pounds in compensation. See Hundreds sue NHS over 'barbaric' treatment.

Elizabeth Crothers, the CSP representative on the review panel, told Frontline in May that the report's recommendations give specialist women's health physiotherapists a 'stronger footing' for making the business-case for greater involvement in advising and treating women with pelvic dysfunction.

The report recommends that mesh implants are not routinely offered as part of treatment for pelvic organ prolapse and urinary incontinence, and that women must be informed of alternative treatments, including physiotherapy.

But some mesh implant survivors were angry that implants have not been banned, and accused the inquiry of being a 'whitewash'. Two patient representatives and one consultant resigned from the review group just before it was published, voicing concerns that some evidence had been left out of the final document and of potential conflicts of interest among some inquiry members.

Following the outcry, Ms Robison agreed that Glasgow Caledonian University would examine the processes of the review. 'The results of that work will be used to inform what lessons can be learned on how independent reviews are conducted in future,' said a Scottish government spokesperson. He added that the medical director for Scotland had confirmed there will be no changes to the recommendations. Dr Crothers, who has recently retired as a specialist

physio in pelvic dysfunction, said she agreed with the government's position. 'I did not feel the implants should be banned. I felt the recommendations in the document were measured and reasonable,' she said.

The inquiry drew on evidence from a clinical review known as the Prospect trial. This found that outcomes for mesh implants used for pelvic organ prolapse were no better than for those who did not have the implants, and that some meshes were inferior. These products have since been withdrawn. Dr Crothers added: 'The vast majority of women who have implants do well. It is a small, but significant, group that has experienced terrible outcomes and this depends on individual factors.'

The mesh report recommendations, which are likely to influence UK-wide guidance, will extend physiotherapists' work in this field. They include a new mandatory duty to report instances of mesh erosion, the need to attend multidisciplinary team (MDT) meetings to discuss patients with pelvic pain. There is also scope for providing more pre-surgery physiotherapy classes, which could become an alternative to surgery.

'There is evidence that physiotherapy can effectively decrease the effects of pelvic organ prolapse and can potentially avoid the need for surgery,' Dr Crothers said.

She added that these additional responsibilities should be used to make the business case for more funding for women's health physiotherapy. 'It gives us a stronger footing to discuss our role with managers. Funding should be made available for training to identify cases, attend MDT meetings and to ensure that physiotherapy is considered within the development of gynaecology and uro-gynaecology treatment pathways.'

As the CSP's Mr Lloyd-Jones explains, when the health minister imposed a moratorium in 2014 on the implants in response to a petition by the Scottish Mesh Survivors group, physios were concerned that their caseloads would increase if implants were no longer available. While the spotlight may be on the surgical intervention, he wants to see a better understanding of the role of physiotherapists in treating and preventing incontinence.

'Our issues are around increasing the workforce so that all women with pelvic health problems are offered physiotherapy. We think there should be a national audit of pelvic health services. We want each health board to ensure they have the right number of physios to treat all patients,' he said.

Mesh matters: what women say

The mesh, usually made from synthetic polypropylene, is inserted by surgeons to treat pelvic organ prolapse and incontinence in women, often after childbirth. Some women have reported severe and constant abdominal and vaginal pain, been told that they can no longer have sexual intercourse, or experienced infections and bleeding. Many say

their original incontinence symptoms have not been improved by the surgery.

Mesh report: key recommendations

- mesh must not be offered routinely to women with pelvic organ prolapse
- all procedures and adverse events to be reported
- better advice for patients to help them make informed choices
- improved training for clinical teams
- better research into the safety and effectiveness of mesh implants

3. Parliamentary Questions

Transvaginal Mesh Implants

Asked by: Paul Masterton

What discussions he has had with the Medicines and Healthcare Products Regulatory Agency on transvaginal mesh implants.

Answered by: The Parliamentary Under-Secretary of State for Health (Jackie Doyle-Price)

My colleague, Lord O'Shaughnessy, met the MHRA on 27 September to discuss this very important issue. The Department will have further discussions with NHS England on the support given to patients who have suffered due to this procedure and has asked the regulator to work with the clinical community to assess the associated risks and whether alternative treatments offer better outcomes for patients.

Paul Masterton: Thousands of women across the country, including my constituent Elaine Holmes, the co-founder of the Scottish Mesh Survivors group, have to live with the catastrophic consequences of transvaginal mesh implants. With health regulators across the globe now waking up to the scandal and issuing alerts or deregistering mesh devices, will Ministers join me in urging the MHRA immediately to reclassify this damaging procedure as high risk?

Jackie Doyle-Price: I thank my hon. Friend for his work in this area. I fully sympathise with anyone who has suffered complications as a result of these devices, but we do not currently have enough evidence to warrant our asking the MHRA to reclassify these procedures, and this is a view shared by other regulators across the world. I can advise him, however, that the National Institute for Health and Care Excellence strongly recommends that mesh implants not be routinely offered for the first surgical intervention on prolapse. That guidance is being updated—publication is due at the start of the new year—and will include an overarching document that looks in depth at the devices and the conditions surrounding the need for them, as well as the treatment of complications, to support better health outcomes.

Karin Smyth: A constituent came to my surgery to explain how this has impacted her life. It is truly harrowing. I understand that NHS England has set up 17 regional teams to look into this. I want to be able to assure my constituent that the voice of women and how this is impacting them will be considered. I would be grateful if the Minister could respond so that we might understand what the future holds.

Jackie Doyle-Price: I am absolutely aware that many women experience substantial side effects and complications following this procedure. Equally, however, many women also experience considerable relief from symptoms. We need a good review of the evidence to make sure that we adopt this procedure only when it fully suits women and that women understand the risks associated with the procedure. But I fully sympathise with the hon. Lady's constituent.

Mrs Sharon Hodgson: It is deeply worrying, though, that this procedure was introduced with so little evidence to support it. I think we all have to agree it has led to unacceptable complication rates for certain products. Will the Minister heed the words of Professor Heneghan and hold a public inquiry into the numbers of women adversely affected and why the safety of so many women was disregarded?

Jackie Doyle-Price: I say again that many women have received relief from their symptoms following this procedure, but we need more evidence before we can properly review it, so it is important that we allow NICE to undertake its work so that we can take a clear view. Any procedure comes with risk—no surgery is without it—but obviously the more evidence we can gather, the better we can advise women of those risks

HC Deb 10 October 2017 | Vol 629 cc148-776

Transvaginal *Mesh* Implants

Asked by: Madders, Justin

To ask the Secretary of State for Health, how many patients were treated with a transvaginal mesh implant in each of the last 10 years for which figures are available.

Answering member: Mr Philip Dunne | Department: Department of Health

Data collected by the Hospitals Episode Statistics looks at the number of finished admission episodes (FAEs), rather than the individual visits. This could mean that an individual visited a hospital/hospitals on more than one occasion over one or many time frames.

The following table sets out the count of FAEs for all procedures relating to the fitting of a Transvaginal Mesh or Tape Implant from 2006/07-2015/16.

2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
9,302	15,941	16,596	16,347	15,668	15,093	13,879	13,397	10,834	8,931

HC Deb 13 September 2017 | PQ 9426

Transvaginal *Mesh* Implants

Asked by: West, Catherine

To ask the Secretary of State for Health, what discussions he has had with hospital trusts on the use of vaginal meshes to treat urinary tract infections.

Answering member: Mr Philip Dunne | Department: Department of Health

Transvaginal meshes are used to treat women suffering from stress urinary incontinence or pelvic organ prolapse.

The Department and NHS England have not had any discussions with hospital trusts regarding the use of the vaginal meshes to treat urinary tract infections.

HC Deb 13 September 2017 | PQ 8528

4. Useful links and further reading

Nature Scientific Reports 7, Article number: 12015 (2017)
doi:10.1038/s41598-017-11821-w

Complications following vaginal mesh procedures for stress urinary incontinence: an 8 year study of 92,246 women

Kim Keltie, Sohier Elneil, Ashwani Monga, Hannah Patrick, John Powell Bruce Campbell & Andrew J. Sims

Published online: 20 September 2017

https://www.nature.com/articles/s41598-017-11821-w

NICE interventional procedures guidance *Surgical repair of vaginal wall prolapse using mesh* – update in development September 2017

https://www.nice.org.uk/guidance/indevelopment/gid-ipg10036

NHS England *Mesh Oversight Group Report* July 2017

https://www.england.nhs.uk/wp-content/uploads/2017/07/mesh-oversight-group-report.pdf

Medicines and Healthcare products Regulatory Agency

Vaginal mesh working group: interim report 3 December 2015

An interim report from the NHS England-led vaginal mesh working group on mesh used to treat stress urinary incontinence (SUI) and pelvic organ prolapse.

https://www.gov.uk/government/publications/vaginal-mesh-working-group-interim-report

Medicines and Healthcare products Regulatory *Agency Interim report: use, safety and efficacy of transvaginal mesh implants in the treatment of stress urinary incontinence and pelvic organ prolapse in women* 1 October 2015

An interim report from the Scottish independent review of the use, safety and efficacy of transvaginal mesh implants.

https://www.gov.uk/government/publications/use-safety-and-efficacy-of-transvaginal-mesh-implants-in-the-treatment-of-stress-urinary-incontinence-and-pelvic-organ-prolapse-in-women

Department of Health *Guidance and support for NHS surgeons on tape and mesh implants* November 2012

https://www.gov.uk/government/publications/guidance-and-support-for-nhs-surgeons-on-tape-and-mesh-implants

Sling the Mesh awareness campaign

https://slingthemesh.wordpress.com/

Royal College of Obstetricians and Gynaecologists *Mesh*

https://www.rcog.org.uk/en/guidelines-research-services/patient-safety/mesh/

All-Party Parliamentary Group on Surgical Mesh Implants

https://publications.parliament.uk/pa/cm/cmallparty/170928/surgical-mesh-implants.htm

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

DEBATE PACK
CDP-0184
12 October 2017