Mesh

Mesh

In the UK, mesh-related surgery is considered to be a high-vigilance operation, whereby use of synthetic mesh to treat SUI or urogynaecological prolapse has been restricted nationally secondary to a number of safety concerns that have been raised: /uni25CF pain or sensory change in the back, abdomen, vagina, pelvis, leg, groin and/or perineum; The Manchester repair was introduced at St Mary’s Hospital for Women and Children, Manchester, UK. Milton Lawrence McCall , 1911–1963, obstetrician, Magee-Women’s Hospital, Pittsburgh, PA, USA. /uni25CF vaginal problems, including discharge, bleeding, dyspareu - nia, penile trauma or pain in sexual partners; /uni25CF urinary problems, including recurrent infections, inconti - nence, retention, di ffi culty or pain during voiding; /uni25CF bowel problems, including di ffi culty or pain on defecation, faecal incontinence, rectal bleeding or passage of mucus. In view of this, an MDT approach is recommended to man - age complex pelvic floor dysfunction and mesh-related prob - lems. For women with a confirmed mesh-related complication or unexplained symptoms after a mesh procedure, referral should be made to regional centres specialising in the diagnosis and management of mesh-r elated complications. Continence surgery requiring mesh usage such as transvaginal tapes and

Complications Bleeding Infection Fistula formation Voiding dysfunction Unmasking of occult SUI Failure Recurrence Bleeding Infection Injury to the bladder, bowel or ureters Voiding dysfunction Dyspareunia Failure Recurrence Conversion to a laparotomy A Manchester repair can speci /f_i cally be associated with infertility, miscarriage and dystocia Bleeding Infection Rectal or small bowel injury (/f_i stula formation) Dyspareunia Failure Recurrence Bleeding Infection Injury to the bowel or ureter Unmasking of occult SUI Right buttock pain Sexual dysfunction Bleeding Infection Rectal or small bowel injury (/f_i stula formation) Dyspareunia Failure Recurrence

continence surgery in the form of colposuspension or insertion of an autologous fascial sling. Uterine prolapse and vaginal vault prolapse surgery requiring the use of mesh during hys teropexy and sacrocolpopexy procedures can be undertaken following detailed counselling and MDT agreement.

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