



The Transvaginal Mesh Mess

Patient Voice in a World of Worry #590

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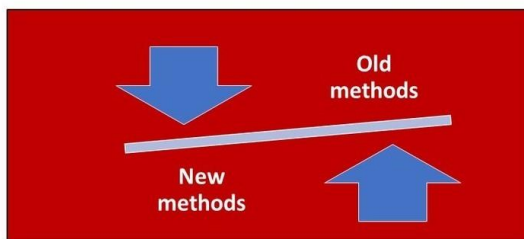


Association for Pelvic Organ Prolapse Support

Conclusion

Mesh anxiety remains high in women exposed to public hostility or one-sided litigation and media exposure without balanced access to scientific evidence for mesh success. Given similarities in media exposure regarding transvaginal mesh complications within the U.S. between 2011-2013, and those currently occurring in Australia, New Zealand, and the U.K, additional efforts to expose patients to balanced mesh information and patient support may reduce patient anxiety and enable valuable navigation toward best practices.

Change is a process



Not an event

Hypothesis

Transvaginal mesh healthcare practice, technology, and regulatory procedure have evolved within the United States (U.S.) since 2011, calming previously occurring high anxiety among patients in need of pelvic organ prolapse repair. Some countries currently struggle with mesh navigation. Providing a secure space for patients to share questions free from one-sided media, litigation, and patient opinion is pivotal to calming patient anxiety.

Methods

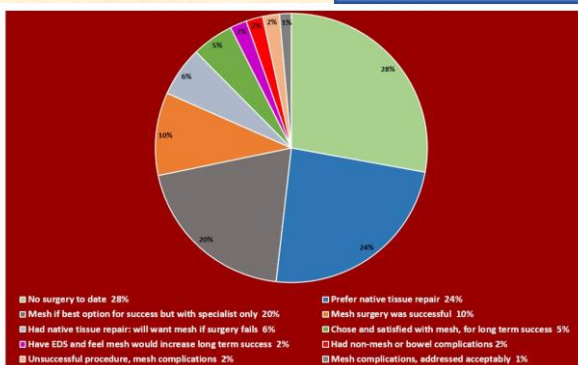
A 24 hour open-response single question survey was shared on March 20, 2018, within a closed Facebook online POP support forum. Patient members responded to the question, "How do you feel about mesh surgery? If you don't see a category that fits, add one sentence responses." A total of 172 internationally based POPS forum members responded within the allotted 24 hour window.

Results

Patient forum survey question: How do you feel about mesh surgery? 172 survey responses.

- 28% No surgery to date
- 24% Prefer native tissue repair
- 20% Mesh if best option for success but with specialist only
- 10% Mesh surgery was successful
- 6% Had native tissue repair; will want mesh if surgery fails
- 5% Chose and satisfied with mesh, for long term success
- 2% Have EDS and feel mesh would increase long term success
- 2% Had non-mesh or bowel complications
- 2% Unsuccessful procedure, mesh complications
- 1% Mesh complications, addressed acceptably

Breakdown



Key Consideration



How well do we hear what the patient is saying?
"Don't treat me like I'm some kind of web-browsing-self-diagnosing-wackadoo-hypochondriac. I know my own body; I've had it my whole life"
 ~APOPS Patient feedback

Interpretation

Patient voice can and should play a pivotal role in all aspects of healthcare progression. The evolution of best practices rests on recognition of the significance of patient input to analyze missteps and to evaluate next steps, regarding both the benefits and detriments of transvaginal mesh.

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