



**Public Health Association**  
AUSTRALIA

# Public Health Association of Australia submission on the number of women in Australia who have had transvaginal mesh implants and related matters

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# Introduction

## **The Public Health Association of Australia**

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

## **Vision for a healthy population**

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

## **Mission for the Public Health Association of Australia**

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

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## Preamble

PHAA welcomes the opportunity to provide input to the Committee Inquiry into the number of women in Australia who have had transvaginal mesh implants and related matters. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## PHAA Response to the Inquiry Terms of Reference

### **2. Information provided to women prior to surgery about possible complications and side effects**

Women must be fully informed about the risks in relation to these products and the gaps in knowledge concerning their efficacy. This includes the provision of information in plain English and appropriate women centred decision making at the point of care.

It is not known what information is currently provided to women in terms of the evidence concerning the efficacy and long term safety of the mesh kits and the complications and side effects related to their removal.

### **3. Information provided to doctors regarding transvaginal mesh implants and possible implications and side effects**

The PHAA notes the recommendation of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) that current evidence does not support the use of polypropylene mesh as a first line treatment for anterior (bladder), posterior (bowel) or apical (uterine or post hysterectomy) prolapse. The RANZCOG statement notes that advantages of use are outweighed by significant problems associated with their use. Further, there is a lack of robust data available on the efficacy and long term safety of the mesh kits, including the newer light weight transvaginal permanent meshes, marketed for use in the surgical management of pelvic organ prolapse<sup>1</sup>.

How well these recommendations are communicated to doctors is not known.

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### **4. Any financial or other incentives provided to medical practitioners to use or promote transvaginal mesh implants**

The PHAA does not support the provision of financial or other incentives to medical practitioners to use or promote transvaginal mesh implants. As with other products this raises threats to professionalism and conflicts of interest in medical practice. Practitioners should refer to the Royal Australasian College of Physicians. *Guidelines for ethical relationships between physicians and industry*<sup>2</sup> and the Australian Medical Associations *Position Statement on Medical Practitioners' Relationships with Industry*<sup>3</sup>. Both documents provide guidance on maintaining ethical relationships that do not compromise, or be perceived to compromise, the doctor's professional judgement, capacity to serve patients' interests, or the community's trust in the integrity of the medical profession. The Medicines Australia Code of Conduct Edition 18 emphasises transparency including requirements for reporting payments and transfers of value to individual healthcare professionals<sup>4</sup>.

### **5. The types and incidence of health problems experienced by women with transvaginal mesh implants and the impact these health problems have had on women's lives**

Despite pelvic organ prolapse being a common condition, especially among women after childbirth, there is little evidence regarding the safety of the use of transvaginal mesh implants as a treatment option<sup>5</sup>. Robust evidence from randomised controlled trials is particularly lacking<sup>6</sup>.

The evidence that is available suggests that there is a higher risk of complications compared with other forms of treatment such as colporrhaphy<sup>7</sup> or traditional vaginal colpopexy without mesh<sup>8</sup>.

When used for urinary incontinence, evidence suggests that complications occur less frequently and are less severe, than when mesh is used for pelvic organ prolapse<sup>9</sup>.

### **6. The Therapeutic Goods Administration's:**

- a. Role in investigating the suitability of the implants for use in Australia;**
- b. Role in ongoing monitoring of the suitability of the implants; and**
- c. Knowledge of women suffering with health problems after having transvaginal mesh implants**

The Therapeutic Goods Administration should have a role in each of these areas.

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### **7. Options available to women to have transvaginal mesh removed**

Women should be offered the option to have transvaginal mesh removed and damaged tissue repaired. However, this is a technically complex surgical procedure. Women and clinicians should be informed of the possible complications and side effects of such surgery with removal also dependant on the type of mesh or mesh kit implanted.

## **Conclusion**

The PHAA supports the conclusion and recommendation of the Royal College of Australian and New Zealand Obstetricians and Gynaecologists that use of transvaginal mesh implants should be restricted, and further research conducted into their safety and efficacy long-term, through randomised controlled trials.

The PHAA appreciates the opportunity to make this submission and the opportunity to comment on the safety and use of these implants.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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