

Date: 14/01/2019

FREEDOM OF INFORMATION REQUEST 014528 – Hernia repair

Under the Freedom of Information Act, please can you provide me with the following information:-
I need to establish whether

1. any of your Hospital Trust surgeons repair hernias without using mesh implants? -

Abdominal wall mainly groin hernias are carried out without mesh after informing the patients that there is a 4 fold increase in recurrence of hernia without a mesh compared to repair with a mesh. In comparison to the complications with or without a mesh there are no statistically significant difference in these two groups except the high chance of recurrence without a mesh – Patients would be referred to the British Hernia Society website for information. It is unusual to repair hernias without mesh but it is done if patient has open wounds in close proximity to the hernia whereby the risk of infection is high. Also, in paediatric age group, hernias are often repaired without mesh.

2. any of your hernia surgeons remove mesh that is causing complications? -

Meshes have been removed which were associated with wound infection and subsequent complications. Most cases with groin pain managed with chronic pain team advise and I could not recall removal of mesh due to pain. It is unusual for mesh in hernia surgery to cause enough complications to warrant removal. If there is infection which is not settling with antibiotics mesh may need removal but this is rare. It is also rare if ever that it is removed for post-operative discomfort or pain.

3. any of your Hospital Trust surgeons repair without using mesh implants in the following areas?

Please specify which surgeon specialises in each of the following areas:-

- A. Womb
- B. Bladder
- C. Vagina
- D. Rectum
- E. Bowel

Mr De Silva and Mr Morsi have performed Sacrocolpopexy for vaginal vault prolapse using mesh in the recent past. These procedures are currently not undertaken any more.

They both were performing TOT for urinary incontinence in the past but not anymore. Mr Watson was also performing TOTs.

For hernias in the close vicinity of the rectum or bowel, depending on the individual circumstances mesh may or may not be used. The use of the mesh has to be weighed against the increased risk of infection in these areas while reducing the risk of recurrence.

4. any of your surgeons remove mesh that is causing complications from the following areas?

Again, please specify each surgeon alongside their specialism separately.

- A. Womb
- B. Bladder
- C. TVT /TVTo/vaginal
- D. Rectal
- E. Bowel

Mr Desilva has removed/trimmed mesh in cases of erosion. He is a urogynaecologist.

From rectal bowel side of things rarely mesh may require removal if there is active infection not settling with antibiotics