Citizen Participation and Public Petitions Committee

5th Meeting, 2024 (Session 6), Wednesday 20 March 2024

PE1865: Suspend all surgical mesh and fixation devices

Petitioner	Roseanna Clarkin and Lauren McDougall
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while: • a review of all surgical procedures which use polyester, polypropylene or titanium is carried out • guidelines for the surgical use of mesh are established
Webpage	https://petitions.parliament.scot/petitions/PE1865

Introduction

1. The Committee last considered this petition at its meeting on 14 June 2023. At that meeting, the Committee agreed to write to the Minister for Public Health and Women's Health, and the British Hernia Society.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.

3. The Committee has received new responses from Katy Clark MSP, the Minister for Public Health and Women's Health, the British Hernia Society, and three submissions from the Petitioners, which are set out in **Annexe C**. This includes a personal submission from one of the petitioners, Roseanna Clarkin.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government's initial position on this petition can be found on the petition's webpage.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 3 signatures have been received on this petition.

8. Members may wish to note that since this petition was last considered, the Parliament has passed the Patient Safety Commissioner for Scotland Act, enabling the establishment of a Patient Safety Commissioner to:

    - to advocate for systemic improvement in the safety of health care, and
    - to promote the importance of the views of patients and other members of the public in relation to the safety of health care.

Action

The Committee is invited to consider what action it wishes to take.

Clerks to the Committee

Annexe A

PE1865: Suspend all surgical mesh and fixation devices

Petitioner

Roseanna Clarkin and Lauren McDougall

Date lodged

17 May 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while—

- a review of all surgical procedures which use polyester, polypropylene or titanium is carried out; and
- guidelines for the surgical use of mesh are established.

Previous action

I have been in contact with my MSP, and Scottish Government officials who advised that the concerns of hernia and other mesh survivors would be heard along with those of TVT and pelvic mesh survivors. They never were.

I also met with the Cabinet Secretary for Health and Sport.

Background information

Information on polypropylene and polyester mesh and stitches clearly states the potential complications of their use and titanium protacks carry a cancer warning.

We understand mesh must be used in life or death situations, but we want to ensure that—

- mesh is only used when essential;
- patients have alternatives to mesh; and
- mesh is only used with the fully informed consent of the patient.

We want the use of mesh devices and stitches to be suspended while a review of all surgical procedures which implant any form of polyester, polypropylene or titanium products – for example hernia mesh, rectomesh, mesh used in hysterectomies – is carried out and guidelines for the use of surgical mesh are established.

We are also calling for suspension of the use of titanium protacks that are used with hernia mesh, as these carry a cancer warning.

While we recognise and support women with TVT or pelvic mesh implants, the mesh that we are talking about is not the same. It is put into the body differently and used for different purposes.

Annexe B

Extract from Official Report of last consideration of PE1865 on 14 June 2023

The Convener: PE1865 was lodged by Roseanna Clerkin and Lauren McDougall, from whom we have heard previously. This long-standing petition calls on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while a review of all surgical procedures that use polyester, polypropylene or titanium is carried out, and guidelines for surgical use of mesh are established.

We are joined, once again, by our parliamentary colleagues, Jackie Baillie and Katy Clark, both of whom have followed the petition with interest as we have debated it. We last discussed the petition some time ago, on 28 September 2022, when we agreed to write to the Scottish Government and seek a parliamentary debate on the issues raised. Members will remember that debate on 17 January 2023, as they probably all participated in it.

Ahead of that debate, we also received a response from the then Minister for Public Health, Women's Health and Sport, which highlighted the Medicines and Healthcare products Regulatory Agency's

"proposals ... to increase the classification of surgical mesh implants".

The minister's response also states that

"the Scottish Government is taking forward improvements in the recording of procedures and implanted devices"

and that the Scottish Association of Medical Directors has been asked

"to report on the availability of non-mesh surgery in individual Health Board areas".

We have also received another submission from the petitioners, which offers their reflections on the evidence that the committee has gathered to date and the debate that took place in January. They have also highlighted the difficulties that patients continue to face in making an informed choice about their treatment and where to seek support when experiencing complications resulting from surgical mesh.

I have also received representations in that regard, including on the question whether a urologist should have been part of the national centre for chronic pain and mesh services in Greater Glasgow and Clyde health board, as well as from individuals who are still experiencing difficulty in taking advantage of the opportunity to have mesh removed by a surgeon of their choice at a location of their choice.

This might be a slight characterisation, but, as with the previous petition, although there has been a lot of good will and concrete action along the way, there are still clear deficiencies in the actual outcome of all that work.

Would Jackie Baillie and Katy Clark like to say a few words to the committee? I normally go alphabetically, but I saw Jackie Baillie defer to Katy Clark, so I invite her to speak first.

Katy Clark (West Scotland) (Lab): I am grateful for the opportunity to appear before the committee again.

I met both petitioners yesterday. Roseanna Clerkin is personally affected, as one of the individuals who has suffered from debilitating chronic pain and life-altering injury after undergoing a mesh procedure. Lauren McDougall's mother, who has now passed away, was also affected, and I know that the committee has received testimonies from many other individuals who have been affected.

As the committee knows, the mesh used in hernia operations is different to transvaginal mesh, but many of the issues are similar, and they affect both men and women. However, there is a lack of data on the extent of the problem. That is why the petitioners are asking for an independent review; they want that data to be gathered, and the use of surgical mesh and fixation devices to be suspended until such a review has been concluded.

I have submitted freedom of information requests to every health board in Scotland, because I wanted to know the number of patients who were treated for hernias using surgical mesh and who had been readmitted to hospital following complications that arose from mesh. Most health boards did not provide information, but some did respond. NHS Ayrshire and Arran revealed that 8 per cent of all patients who were implanted with mesh to treat a hernia in its hospitals were subsequently readmitted due to complications arising from the mesh, while NHS Lanarkshire said that the figure was 10 per cent.

That data suggests that the petitioners are right to highlight the need for a review to explore the issue further, yet the Scottish Government continues to refuse to engage with them—indeed, the minister and the former minister refused to meet with the petitioners directly. Given that lack of engagement with the petitioners by Scottish ministers, I urge the committee to consider asking the Cabinet Secretary for NHS Recovery, Health and Social Care to appear before the committee and give evidence so that we can consider the issues further.

The Convener: Thank you. I call Jackie Baillie.

Jackie Baillie (Dumbarton) (Lab): I acknowledge, convener, your own particular contribution to tackling the mesh scandal in Scotland, and I know that we will get a good hearing from all the committee.

I echo my colleague Katy Clark's call for the committee to ask the Cabinet Secretary for NHS Recovery, Health and Social Care to give evidence on the issue and to give an update on all the promises that the Scottish Government made prior to the debate in January, as I have yet to understand whether those commitments have been fulfilled.

There is a need for a viable and safe alternative to mesh, and Maree Todd acknowledged as much in a previous committee meeting in June 2022, when she

agreed that the skills gap between mesh and natural tissue repair needed to be bridged. I am keen to know what progress has been made on that.

Some patients have very recently had mesh inserted, and the petitioners have raised concerns that no discussion took place about the risks or the alternative treatments, if any, that could be offered. Patients in Scotland have the right to a choice and to make informed decisions about their healthcare, and medical professionals should be given the tools to answer patients' questions about the risks and alternatives. It cannot be right that patients are relying on one another for information through support groups. Clear guidance needs to be in place and shared with all general practitioner practices across every health board.

I find it hard to believe, but the Scottish Government previously said that the mesh hernia repair used at the Shouldice hospital in Canada would not work for the Scottish demographic—I really do not understand why that would be the case. I believe that the opportunity remains to create a national treatment centre that properly offers alternatives and deals with the problems of mesh, and I wonder whether we can explore the matter.

We cannot continue to deprive those people who have had hernia mesh repairs of options for removal treatment. I would therefore be most grateful if the committee would do the petitioners and all of us a favour and press the Scottish Government in that regard.

The Convener: This is not a happy thought, but it is exactly 10 years since the committee first considered the issue of mesh in the petition that Elaine Holmes and Olive McIlroy brought forward. It would be ungenerous indeed not to acknowledge that, five cabinet secretaries later, we have seen progress in relation to the issue. Things have happened; the moratorium on transvaginal mesh continues to apply and we have secured the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Act 2022, which provides for women to have the mesh removed by Dr Veronikis in Missouri. However, issues remain, and there are questions that we want to put to the Scottish Government.

A number of suggestions have been made. I, too, am confused about the Shouldice thing. I kind of understood the Scottish Government's concern that, for the people who might undergo that surgery, a commitment involving considerable weight loss would be required, which might ultimately be selective, but very open offers were made in that respect by the medical staff. Indeed, Dr Spencer Netto, in his evidence to the committee, specifically said that the hospital would be willing to offer training and to have discussions with the Scottish Government on the processes and procedures involved. I thought that the Government was willing to consider that, but I have not heard anything further about where that might play into the outcome. Therefore, I would very much like to understand what further reflections the Government has had on the Shouldice model and the offer to support NHS Scotland in that respect.

Do colleagues have other suggestions?

Alexander Stewart: You have made some very valid points, convener, and Katy Clark and Jackie Baillie, too, have outlined the situation that we find ourselves in. I am happy for us to keep the petition open.

We have a number of options for action. I suggest that we write to the Minister for Public Health and Women's Health to highlight the petitioners' latest submission and seek information on the outcome of the exercise by the Scottish Association of Medical Directors to explore the availability of non-mesh surgery in individual health boards—that is vital—and on the development of NHS Scotland's scan for safety programme. Specifically, we should ask when it will begin and how it will be rolled out.

We could also write to the British Hernia Society for its views on the action that is called for in the petition and for information on its work to develop a hernia-specific registry, which is important. Those are my suggestions, convener.

The Convener: I think that, on the petition's clinical objective, which was to rule out the use of mesh in all circumstances, we had previously taken the view that we had heard sufficient evidence not to support it in principle. Is that the point that you wish to make, Mr Torrance?

David Torrance: I want to make two points. I have had mesh inside me for a long time following a hernia repair, and I am one of the 90 per cent of people for whom its use has been very successful. Indeed, it has changed my life. Therefore, I would definitely rule out a ban on the use of all mesh implants.

You have mentioned this already, convener, but when we write to the Scottish Association of Medical Directors, could we ask them about the very strict criteria that need to be met at Shouldice hospital before surgery can go ahead? If we implemented such strict criteria, would the public accept that? The fact is that many patients would be rejected for surgery on those grounds.

The Convener: That is certainly a question, but I would note that, every year, 6,000 people in Canada are operated on successfully. There is also a consequential saving to the health service when a patient recovers, as they do not require constant additional medical support and treatment. I realise that there are issues to weigh up here, but I do not think that they should be casually dismissed just because of that.

According to Katy Clark, despite all the assurances that we have received about the consequences being discussed with individuals and the alternatives being properly represented to them, the petitioners still believe that that sort of thing is not happening universally. Therefore, I would be interested in getting the latest update on that matter from the Scottish Government. When the minister gave evidence along with health officials, assurances were given to us that further work was being done to provide more updated information material, and we would like to understand the status of that work and the impact that it has had.

It might well be that that will lead to our seeking to bring the cabinet secretary, rather than the minister, before us. After all, it was the cabinet secretary who first came before the committee and on whose initiative a lot of action was initially progressed. However, I think that that will be a decision for a subsequent meeting.

Do members have any other suggestions? Is the committee content with what I have proposed?

Members *indicated agreement*.

The Convener: I thank Katy Clark and Jackie Baillie for their comments. We will keep the petition open and move forward on that basis.

Annexe C
Katy Clark MSP submission of 27 June 2023

PE1865/MMMM: Suspend all surgical mesh and fixation devices

Please find below additional detail on the Freedom of Information responses I referred to during my appearance at the Committee meeting on 14 June 2023.

NHS AYRSHIRE AND ARRAN

- 1,027 patients implanted with surgical mesh to treat hernias (2015-2023)
- 86 patients **(8%)** readmitted following complications with surgical mesh (2015-2023)

NHS LANARKSHIRE

- 1,353 patients implanted with surgical mesh to treat hernias (2015-2023)
- 135 patients **(10%)** readmitted following complications with surgical mesh (2015-2023)

NHS GRAMPIAN

- 1,060 patients implanted with surgical mesh to treat hernias (2015-2023)
- 20 patients **(1.8%** readmitted following complications with surgical mesh (2015-2023)

Minister for Public Health and Women's Health submission of 25 July 2023

PE1865/NNNN: Suspend all surgical mesh and fixation devices

Thank you for your letter of 20 June concerning the above-named petition.

You seek confirmation in your letter about the availability of non-mesh surgery. Consultations with the Scottish Association of Medical Directors and others confirm that there is sub-specialist coverage in complex hernia repair, including non-mesh repair, on a regional basis across the country. Relevant surgeons are operating in NHS Lothian, NHS Fife and NHS Grampian. In addition, a further sub-specialist has now been recruited and will be based at the Golden Jubilee National Hospital. This surgeon will begin work in September and will have weekly access to theatre with a view to improving waiting times for patients requiring specialist repair.

You also seek confirmation about the development and implementation of the NHS Scotland Scan for Safety Programme, which is led by NHS National Services Scotland, in partnership with NHS Boards. The programme aims to deliver significant improvements in data capture connected to medical devices and equipment, and thereby to improve patient safety. Plans at present involve the Scan for Safety approach being in place in four pilot sites this year. The programme will then aim, over the next three years, to encompass 75 per cent of high-risk implantable devices used in acute care, with progress after that towards 100 per cent.

It is important to note, however, that Scan for Safety is not the only data collection programme currently under consideration. Officials are working with NHS colleagues and others to explore the best means by which to progress a registry of hernia repair procedures. This could be through a system developed by NHS Scotland and / or through the inclusion of Scottish data in a UK-wide registry. A registry is under development by the British Hernia Society, and this provides one option for progress. It is also possible that an NHS England registry could be developed as part of a Medical Device Outcomes Registry, to which Scottish might data might be added.

There are no plans at present to centralise specialist treatment of hernia and associated complications. Hernia repair is a very common procedure (the Scottish Health Technologies Group reports that 4,465 male inguinal hernia repairs were undertaken in 2019-20) and it is important to ensure access to provision across Scotland. Moreover, hernia repair is, on occasion, required in an emergency situation and to

concentrate services in one location could be detrimental to patient safety.

I can confirm that Shouldice-type repair is one of the non-mesh repair techniques used in Scotland. With respect to eligibility criteria, you will be aware that the patient selection process used by the Shouldice Hospital is relatively stringent. The NHS, by comparison, cares for a wider demographic, and will look to provide appropriate treatment for all patients. That said, it is recognised that better outcomes are achieved when patients are in an appropriate physical condition for surgery, whether it is a mesh or non-mesh repair that is used. This means there will be recognition of the need to ensure that anyone presenting for surgical hernia repair is physically in an appropriate condition for their procedure.

Finally, I note that during discussion at the Committee session on 14 June, members raised patients' concerns about where to seek information to enable informed choice, or where to seek support if they are worried about potential complications. The Committee will be aware of the Chief Medical Officer's Realistic Medicine strategy, an approach to healthcare that aims to put the patient at the centre of decisions about their care. It puts a focus on shared decision making between patients and clinicians, and encourages the use of BRAN during consent discussions: what are the benefits, risks, and alternatives, and what if I do nothing? NHS 24 has launched a public awareness campaign "It's Ok to Ask" to support patients and health and care professionals to have positive conversations about care and treatment.

Further, patients must not hesitate to speak to their GP in any situation where they are concerned about complications, and the Chief Medical Officer has previously written to GPs to stress that all patients with concerns about mesh must be listened to and have those concerns taken seriously.

I hope this is helpful.

Regards,

Jenni Minto MSP

British Hernia Society submission of 10 January 2024

PE1865/OOOO: Suspend all surgical mesh and fixation devices

Thank you for your request for comment from the British Hernia Society, on the above petition. We extend our empathy to all patients who have experienced pain or complications following hernia surgery. Patient safety and wellbeing should be the first priority for all surgical care. Unfortunately, the nature of surgery in general, not just groin hernia repair using mesh, carries an inherent risk of complications. As a Society we advocate that surgeons should always seek to assess this risk and discuss patients' individual clinical circumstances with them as a part of a thorough counselling and consenting process prior to deciding if surgery is appropriate and if they accept the risks vs the benefits.

The British Hernia Society **cannot** support a decision '***to suspend the use of all surgical mesh and fixation devices'*** for a period of time. This would be against the best scientific evidence and against the current guidelines published by the European Hernia Society. Mesh has been widely used for over thirty years to repair abdominal wall hernias and the best available evidence that we have, which includes systematic reviews, meta-analyses of randomized trials and large 'hernia' registries, shows that mesh implants are the most effective way to deal with these types of hernias and are safe. Nevertheless, we acknowledge that randomised trials do not always provide real-world data or in many cases long term data on the use of implants. We know some patients, who currently the data would suggest are still a minority, will suffer from complications of mesh use, like other implants, such as mesh infection and erosion with the need for explantation. This does not detract from the need to improve outcomes or to properly counsel patients prior to any surgery. However, a suspension would disadvantage the great majority of patients with hernias who also have significant health and quality of life issues.

Having said this we come from a standpoint that there needs to be improvements in patient outcomes and one of the factors here is medical

implant regulation. The significant complications from transvaginal mesh procedures resulted in public reviews, including the Baroness Cumberlege report, “First Do No Harm”. The report gives clear recommendations that are important and relevant to hernia surgery and address the way devices are approved, delivered, regulated and monitored. Subsequent changes in the regulation of medical devices, in Europe and the UK, has led to the pressing need for a registry for hernia surgery to satisfy the legal requirements for post-market surveillance of devices, research and the analysis of long-term outcome data, including patient-reported outcome measures. A registry captures details about the type of hernia, the surgery undertaken (open, laparoscopic or robotic), including whether implants are used (meshes and tacks by company, material, size and type) and tracks the results thereby providing outcome data.

The British Hernia Society has developed a registry over the last 3 years to permit large-scale, cost-effective embedded research, track outcomes across a lifetime, and, therefore, improve patient safety. Patient-reported outcome measures (PROMs) are key to understanding the true results of surgery and PROMs are collected intermittently over the lifetime of patients in the BHS Registry. We have worked with NHS England Supply Chain and GIRFT (Getting It Right First Time) regarding the implants that are currently available with the aim of guiding implant use based on this registry research in the future. The BHS Registry will allow the rapid objective assessment of new implants which is not possible at the moment. We feel that having this data is the only way to ensure we can improve outcomes for all our hernia patients by ensuring we provide the most appropriate surgery and implant for each individual patient. We believe a mandated and compulsory BHS Registry provides the best approach to allow the questions raised by this petition, and many others, to be answered.

The registry is currently undergoing a final snagging phase and will be rolled out nationally in 2024. Success of the registry is dependent on the quality of data entered into it. For real-world outcomes, more than 95% of all procedures must be captured. This means that *mandating* the registry for use in both public and private sectors is essential. The British

Hernia Society asks the Scottish Government to work with us to enable this.

Petitioner submission of 16 February 2024

PE1865/PPPP: Suspend all surgical mesh and fixation devices

There seems to be the misconception with the Scottish Government that we have asked for a ban on mesh. This isn't our ask. Our ask is to *suspend* its use, unless in emergency situations, whilst we establish guidelines around its use. How much? When? By whom? We feel the Scottish Government have a duty of care to every citizen in this country and currently they are failing us. They should be ensuring these devices are safe and fit for purpose which they aren't. We are evidence of that. How many people are acceptable to be harmed as collateral damage?

Currently we're still not seeing any patient pathways being implemented for those damaged by mesh implants other than transvaginal mesh. That doesn't seem to be functioning very well for woman suffering as it is.

We're still not hearing things have changed with the options given to patients or informed consent being used.

When Marie Todd was Minister for Women’s Health, she and Terry O'Kelly told the Committee they agreed we had to bridge the gap between natural tissue repair and mesh repair. We've still not seen any evidence progress is being made on that either.

The SHTG report on the use of hernia mesh stated natural tissue repair should be offered to patients. Patient feedback we receive suggests this isn’t happening, meaning patients aren’t being given a choice and aren't being fully informed about the risks of using mesh.

The Scottish Government are also stating transvaginal mesh is banned in Scotland. That's not true. They place it pelvically now which this petition also covers. They also state all hernia mesh is safe. How can they state that when mesh manufacturers are being sued worldwide and admitting failings with mesh devices that the Scottish NHS still buy and use?

We asked the Committee to take expert advice from The Shouldice Hospital. The Committee heard about their use of natural tissue, and how mesh is used only where there is no other option. Evidence from Shouldice shows the use of natural tissue repair has not resulted in chronic pain or debility. Since the influx of mesh this is more apparent. Shouldice, however, have very strict rules to natural repair (i.e. weight of a patient) for their technique and surgery to be successful. The Scottish Government seem to be stuck on that point and therefore don't think Scotland can utilise in this type of surgery.

We are aware of other specialists and surgeons across the world who also do hernia repairs with natural tissue and other natural stitch techniques. Would the Citizen Participation and Public Petitions Committee be willing to hear evidence of more techniques that aren't so strict on weight issues?

Again like the transvaginal mesh campaign, Dr Veronikis could possibly speak about issues related to the use of rectopexy mesh, as he is removing this mesh as well as transvaginal mesh. Dr Veronikis is also doing repairs for this using a patient's own tissue. So that's another surgery this well-known surgeon is doing due to complications of mesh.

There is a surgeon at the Beverly Hills Hernia Centre who has developed her own hernia technique, using natural tissue. She is also successful in mesh removal surgery.

There are also surgeons here in Scotland the Committee could hear from. This includes an Edinburgh surgeon who has a specific interest in hernia repair and weight loss surgery, and has successfully removed mesh. Another surgeon, based in Glasgow, with an interest in hernia surgery also has experience of removing mesh from patients.

Other potential experts the Committee could invite evidence from include:

- A gynaecologist from El Paso, Texas, who is campaigning on the complications caused by fixation devices (i.e. titanium protaks etc.) He is very much aware of complications on transvaginal and hernia meshes as well as mesh being used in woman after caesarean sections.

- A German surgeon working in London who has her own technique for inguinal repair without mesh. She also successfully removes mesh.
- A hernia surgeon from London, again doing removal and natural tissue repair, who used to be the go-to surgeon for NHS England.
- A hernia surgeon from Manchester successfully removing mesh and repairs in natural tissue.

We would be happy to provide the Committee with details on how to contact these specialists if required.

While the Shouldice Hospital are pioneers in the world of hernia repair, their techniques have been adapted by others who may be able to work with and provide advice to the Scottish Government. We can't just look at one. We need the Government to realise these surgeons are out there as there is a need for them. They are adapting techniques for the better of humans. We think it's important to see how many different techniques there are with a difference of opinions. Most of these surgeons work within the European Hernia Society and the British Hernia Society.

Petitioner submission of 1 March 2024

PE1865/QQQQ: Suspend all surgical mesh and fixation devices

We write in response to submission made by the British Hernia Society (BHS).

We thank the BHS for their response and for acknowledging what needs to be done to make progress. As mesh-afflicted patients, we are extending a sincere olive branch; we want to work together with the common aim of making herniorrhaphy surgery not only the best it can be, but also safe for future generations, backed up by robust data.

Mesh is used and placed almost everywhere in the body. When we talk about mesh, we speak for all mesh-afflicted persons, reflecting the diversity of patients in our Scottish Global Mesh Alliance community.

The denial of mesh harm from medical professionals is insidious, yet the voices of harm are crying out in their thousands. Committee Members

have already noted that the similarities between patient experiences of pelvic mesh, hernia mesh, and other mesh implants is uncannily similar. If the recent Post Office scandal has taught us anything it is that acknowledging harm too late is deadly.

The BHS states that mesh complications affect a minority, but how can this be calculated accurately when there is no robust database and a lack of awareness of how to report complications? The last updated national records from 2018 stipulated it could be 1 in 10. See study into current trends in hernia surgery in NHS England.

Roseanna Clarkin submission of 6 March 2024

PE1865/RRRR: Suspend all surgical mesh and fixation devices

I am one of the petitioners for petition PE1865: Suspend all surgical mesh and fixation devices.

I am an umbilical hernia mesh patient, experiencing many health complications since. I find myself writing this submission in sheer desperation.

I now find myself with a rectocele, which is a bowel prolapse into the vagina. I have attended hospital as an emergency day case due to complications of the prolapse and was advised it will need surgery. The hospital offers mesh pelvically for this procedure. I asked for other options and wasn't met with any. So, when the Scottish Government say vaginal mesh is banned, this isn't true as I've been offered it implanted pelvically into my vagina. No other option and no complications mentioned. When I made it clear I'm a hernia mesh injured patient they closed down and didn't seem to want to help me more.

Not only that I've been told it's an 18 month wait for urgent referral to urogynacology, who would repair this. As a woman I have been told to splint when having bowel movements to stop it prolapsing into my vagina. This is where you put 2 fingers into your vagina and push on the

back wall. This is degrading to say the least for a woman. This is the answer whilst you wait 18 months for help. It's unacceptable.

I have requested an out of area referral to an urogynacologist who supported the transvaginal campaign. Luckily my GP and board accepted this, as well as the urogynacologist. My wait will now be between 5 and 6 weeks. I now have the option of a non-mesh repair by a surgeon we all trust for campaigning against mesh.

Since finding out and learning of my new condition I have spoken with woman who have had mesh repairs. Since their return from Bristol and America, where they had mesh removed, they have had very little to no support from the NHS here. They are on waiting lists to be reviewed after incontinence and prolapses reappear. Knowing removing this mesh they would need more surgery to correct this. The NHS and Scottish Government haven't put anything in place. Patients are being told revision surgery needs to be done in Scotland – how, where, when? They still haven't been seen by anyone. There doesn't seem to be clear patient pathways that are working to get the women’s mesh removed let alone revision surgery. It seems there still isn't the non-mesh repair skills in Scotland that are required. This isn't acceptable. These women have suffered enough. It's taken for me to experience my own issue for me to fully understand why a woman shouldn't be left with this medical issue.