American Urological Association MediaRoom

Studies Examine Impact of Social Media, Television on Literacy and Perception of Vaginal Mesh and Removal Surgery
Panel discusses patient perception and experience of changing landscape in surgical use of vaginal mesh

Orlando, FL, May 19, 2014 — Four studies evaluating patients’ knowledge and perception of vaginal mesh prior to surgery, as well as after mesh removal, will be presented to the media during a special press conference at the 109th Annual Scientific Meeting of the American Urological Association (AUA) Monday, May 19, at 9:00 a.m. ET, in the Orange County Convention Center, Orlando, FL. The session will be moderated by Tomas Griebling, MD, MPH, professor and vice-chair of the Department of Urology and faculty associate in the Landon Center on Aging at the University of Kansas.

Studies Include

Prospective Evaluation of Patients’ Knowledge and Perceptions of Mesh(#PD33-08): Although the U.S. Food and Drug Administration (FDA) released an updated safety communication in 2011 regarding the use of transvaginal mesh for pelvic organ prolapse (POP) and stress urinary incontinence (SUI), many patients still appear to have misconceptions regarding the use of synthetic mesh in female reconstructive surgery, according to a new study by researchers from the Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH. Researchers administered a 25-question prospective survey between March 2013 and November 2013 to new female patients presenting to a single academic institution specialty clinic for either POP or SUI. Study results showed the majority of new patients (70 percent) obtained most of their information about mesh from television. Although 61 percent stated they were aware of the FDA safety communication, 65 percent said they were unsure if the mesh used for SUI was different from the mesh used for POP. Despite their awareness of the FDA safety communication, 50 percent believed there was a mesh recall. Researchers conclude patients do not fully understand the uses of synthetic mesh; therefore physicians should educate patients about synthetic mesh and resolve any misconceptions concerning the use of mesh in female urologic surgery when providing counsel on treatment options for POP or SUI.

YouTube as Source for Vaginal Mesh Information (#PD29-09): Social media networks and websites are a growing source of healthcare information exchange. However, despite the quantity of information on these platforms, there is growing evidence of poor quality medical information that may be misleading and biased. This study was aimed at examining available information in YouTube videos on POP repairs with mesh. Researchers from New York University Langone Medical Center, New York, NY performed a YouTube keyword search on “vaginal POP repair with mesh.” The first 100 search results were examined. The content of each video was assessed based on the following domains: description of POP, management of POP, explanation of the 2011 FDA safety communication on mesh and the balanced presentation of information. Scores were assigned based on whether the video made a series of objective statements pertaining to each domain. The proportion of statements was calculated and videos from different sources were then compared. Of the 49 videos viewed, 69 percent of sources were legal firms, 24 percent were medical institutions and 7 percent were other. Results showed the videos from medical institutions were older and longer, but had more views per month when compared to legal videos that further explained aspects of the 2011 FDA safety communication. Researchers concluded the majority of information available in YouTube about vaginal POP repair with mesh is recent, short and published through legal service videos outlining the 2011 FDA safety communication; however lacks the comprehensive content needed to educate patients. Therefore, the utility of YouTube as a source of information about vaginal POP repair with mesh is questionable.

Outcome of Vaginal Mesh or Tape Removed Transvaginally for Patient Pain Only (#PD33-11): In
patients who present with pain (without other complications) following synthetic mesh placement, surgical removal of the device may significantly improve symptoms, according to researchers from the University of Texas Southwestern Medical Center in Dallas, TX. Researchers evaluated mid-term outcomes of 123 patients who underwent vaginal mesh (69) or synthetic suburethral tape (54) removal between 2005 and 2013, due to pain. Primary outcomes were pain levels, assessed by Visual Analog Scale (VAS) (0-10) at baseline and at each subsequent follow-up visit. Final VAS scores were used for this analysis. Study results demonstrated pain was significantly reduced in the majority of patients following mesh removal.

**Patient Quality of Life After Removal of Vaginal Mesh (#MP75-16):** Despite the growing number of vaginal mesh removal surgeries, little is known about patient quality of life in terms of pain, incontinence, and sexual function after mesh has been removed. Researchers from the University of California, Los Angeles (UCLA), CA conducted a retrospective review of all vaginal mesh removal procedures performed at the UCLA Division of Pelvic Medicine and Reconstructive Surgery between 2006 and 2012. Vaginal prolapse, sling and sacrocolpopexy mesh removal were included. Of the 662 patients identified, 214 surveys were collected. Study results reported 77 percent of patients who underwent mesh removal were better while 17 percent were much or very much worse. Thirty percent stated they had no pain; however the majority continued to experience incontinence. Additionally, 28 percent complained of SUI at least once a day; 49 percent complained of dyspareunia or painful intercourse; and 20 percent stated their sexual activity was limited due to incontinence. Researchers concluded the use of vaginal mesh has the potential to cause permanent and disabling pelvic pain, urinary incontinence and sexual dysfunction despite subsequent mesh removal.

“The methods by which patients obtain information and form perceptions of vaginal mesh to treat urinary incontinence and pelvic organ prolapse is changing as technology rapidly advances,” said Dr. Griebling. “Mesh remains an option when used appropriately and in the right patient. Therefore, as a surgeon, it is imperative our patients fully understand the risks and benefits associated with their treatment options.”

**NOTE TO REPORTERS:** Experts are available to discuss this study outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at 410-689-3932 or e-mail cfrey@AUAnet.org.

**About the American Urological Association:** The 109th Annual Meeting of the American Urological Association takes place May 16 – 21 at the Orange County Convention Center in Orlando, FL.

*Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 20,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.*

Contact:
Christine Frey, AUA
410-999-7091
Cfrey@auanet.org