

PE1517/CCC

Ingrid Hardacre submission of 3 September 2017

Highlighting the attitude of some doctors towards their patients - giving sexual advice - when mesh complications present a loss of consortium between a woman and her male partner. It shows how lost medics are when mesh goes wrong. It further demonstrates how gullible these professionals were and some of them still are, when they believed the powerful mesh manufacturers – telling them mesh is safe and complication rates are low. Absolute lies.

We are the anecdotal evidence how mesh can devastate lives. At 40% (well documented) complication rate right across the spectrum it is time that doctors admit that they have made a mistake, over 20 years ago, by adopting this “quick fix” intervention as the gold standard to treat prolapse conditions. Surgeons/ consultants over approx. 50 years of age will only have learned/ trained with this sort of surgical mesh procedures. They will have to concede that not every “new innovation” works and mesh is the best example – a procedure which lacked rigorous, long term testing and most trials were sponsored by mesh manufacturers – and they just want to make money with not regard to patient safety or quality of life for the people they are treating. As a consequence, skills to perform tried and tested methods, like “hitch and stitch” Burch Colposuspension and other non-mesh operation have been set aside for the sake of profit and speed. Yes, the traditional methods take longer surgical time and a longer recovery but at least there is no foreign body material involved. Thankfully, NOW, we have a few doctors who have admitted that mesh is not a good, long term, option for prolapse conditions.

Let us hope and pray that more will follow and stop using mesh. The MHRA are the biggest culprits by playing directly into the mesh manufacturers hands – because those hands are feeding the MHRA – and you don't bite the hand that feeds you. Shameful how mesh injured patients are treated and still lied to. Shameful!