For mesh injured. By mesh injured.

Good morning, Chairman and members. Thank you for the invitation extended to Mesh Ireland to discuss the issues relating to vaginal mesh implants. Mesh Ireland is an all-island group with 150 members. Two members join me today, Amanda Jackson and Margaret Bolger. The motto of our group is: 'For mesh injured. By mesh injured.'

We firmly believe that patient representatives must be the injured themselves. An approach not currently embraced by the HSE mesh pathways officials. The former Minister of Health, Simon Harris, did not meaningfully engage with the Mesh Ireland campaign.

I have represented Mesh Ireland at the 2018 -2020 UK Cumberledge Review[1] and to governments in the North and Scotland. I have communicated in previous correspondence to the Committee on my mesh advocacy activities regarding solutions to the non-availability of full and safe mesh removal surgeries in Ireland.

Mesh injury is a global scandal, the legacy of more than two decades of implanting mesh. Statistics convey the incidence of implantation and mesh injury. The HSE have not supplied its data. In NHS England alone approximately one hundred thousand women had mesh implanted in 2008-2017.[2] A former England Chief

[1] https://www.immdsreview.org.uk/downloads/Annexes/Annex-K-Oral-Hearing-Transcripts.pdf
[2] https://digital.nhs.uk/data-and-information/publications/statistical/mesh/apr08-mar17/retrospective-review-of-surgery-for-vaginal-prolapse-and-stress-urinary-incontinence-using-tape-or-mesh-copy

Medical Officer estimated the mesh injury rate at 15-20%.[3] The Irish state has no figures. The two groups here today represent 750 members. In recent years, Scotland and Quebec have introduced mesh removal costs reimbursement legislation, policies, and funding. USA Justice Departments have reached multistate settlements with mesh manufacturers for actions based on endangering patients through deceptive marketing. The respective sums are, $188.6 million[4], $344 Million[5] and $60 Million.[6]

In contrast, a different wind is blowing in Ireland.[7] In Ireland mesh injured patients are having to finance their own full and safe removal surgeries. The local mood remains anchored in talking up partial removals as the best alternative. It is not simply the case that the low volume HSE data of attempted full removals evidence the risk to patient safety where HSE surgeons may be coming under pressure to demonstrate skills to have a go at a full removal, whether they have the skill set and expertise or not. Yet mesh removal skills are a special skill set. It is a perfect storm scenario, which should be resolved by stepping up access to the treatment abroad scheme, not restricting it.

Why full and safe removal is the best option

When polypropylene mesh implants are inserted, our internal tissues form scar tissue. It is the scar tissue which encases the implants and holds them in place. The

[3] https://www.northwaleschronicle.co.uk/news/national/16049593.chief-medical-officer-addresses-bad-use-vaginal-mesh/
[4] https://oag.ca.gov/news/press-releases/california-department-justice-announces-1886-million-multistate-settlement
[5] https://oag.ca.gov/news/press-releases/attorney-general-becerra-secures-nearly-344-million-judgment-against-johnson
[6] https://oag.ca.gov/news/press-releases/attorney-general-becerra-announces-60-million-multistate-settlement-medical
[7] https://www.irishtimes.com/ireland/social-affairs/2022/06/27/hundreds-with-serious-vaginal-mesh-injuries-still-fighting-for-basic-care/

incontinence tapes or slings are on average 22cm long. The prolapse meshes are much larger than slings. They can run from the front of the pelvis to the rectal area, causing both urinary and bowel incontinence or retention when problems arise. I can best describe them as having the size of a panty liner with long strips going off at the sides. Some are additionally secured internally by additional metal fasteners and staples. Their position in our bodies and the scar tissue surrounding them poses surgical challenges in terms of removing them.[8]

Partial removals are not the answer. If a woman has pain from mesh in her groin, removing the easily accessible few centimetres of mesh from under the bladder pipe will not ease that pain. Eventually surgeons have no access to the remainder implants, due to dense scar tissue. Those women have only non-surgical treatment options left.

Access and funding

The principles of autonomy and informed consent tell us that women have a right to have the option of full and safe removal of their implants on the public healthcare system.

Yet, for HSE healthcare patients the Treatment Abroad Scheme is illusory. It is a Catch-22. They must exhaust the Treatment Abroad Scheme pathway to prove they tried the available routes. But the system is stacked against them.

First, the HSE's official position is that these surgeries are available in Ireland.[9] This unequivocal and bold statement is a hurdle which our women cannot dismantle. Secondly, HSE surgical community is deeply attached to partial removals, its

[8] https://www.scottishparliament.tv/meeting/public-petitions-committee-october-22-2020

[9] https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/vaginal-mesh-implants/

historical comfort zone. In our view, patients who reject the HSE surgical preferences will only receive minimalistic, lip-service support when they ask HSE consultants to provide necessary documentation to support their application for the Treatment Abroad Scheme.

Two women did travel to the USA with HSE consultant authored letters of support. However, what differentiates these two cases from others is that these patients funded their surgeries through private healthcare and their own financial means.

It is here that a two-tier system emerges. Private patients are passported through. HSE reliant patients are kettled in local HSE pathways. Patient choice should not be determined by a medical community which dilutes its support for the identical medical procedure with the identical surgeon based on the financial means of the patients. HSE patients are currently experiencing a mindset akin to ‘like it or lump it’, ‘partial removals or nothing’. They deserve to be treated with respect.

The procedural mechanisms provide a slam dunk for rejecting applications related to full mesh removal surgeries abroad. Weakly worded letters stating ‘patient feels she would benefit from this surgery’ contrast starkly with letters supplied to private patients embracing their choice of a more experienced surgeon abroad.

Notwithstanding the letter, the HSE’s official position that there is not just one but many surgeons who perform this operation locally means that the Treatment Abroad Scheme pathway is a fools’ errand. The gateway door never really opened. The HSE conducts an automated appeal. Rejection follows. The door is bolted. From the inside.

In summary, our women deserve to be treated with dignity and respect, concepts must underpin a fair and equal society. We have that the State has a gap in its

services. Currently it is a David and Goliath battle. A war of attrition. Our women deserve access to full and safe removal operations performed by a surgeon of their choice. In the hands of the right surgeon this is an established surgical procedure which lasts a few hours, is affordable to the State and is the choice of many.

This concludes my opening Statement

Thank you