

CSPM Mid-Urethral Sling Bulletin

**response to CMQ rapport d'enquête*

The Canadian Society for Pelvic Medicine (CSPM) acknowledges the investigative report (rapport d'enquête) published by le Collège des médecins du Québec (CMQ) on June 16, 2020 regarding complications associated with the placement of mid-urethral slings (Les complications liées à la mise en place d'une bandelette sous-urétrale)¹. The CMQ performed a thorough literature review and consulted a panel of seven Urology and Urogynecology experts to formulate a list of seventeen recommendations, in doing so addressing the issues of:

- (a) optimal evaluation and management of mid-urethral sling complications
- (b) prevention of mid-urethral sling complications
- (c) creation of Mesh Boards (committee of experts within Quebec centres of expertise representing all regions within the province to discuss complex cases and ensure a standardized approach to management which ensures all patients have access to appropriate quality of care)
- (d) collaboration with Canadian centres of expertise (to facilitate sharing of knowledge and approaches in mesh sling complication management with comparable existing centres of expertise in attempts to create Canada-wide standardization of approach and comprehensive databases)

Recent literature would indicate that the long-term risk of mesh-related complications with mid-urethral sling placement requiring revision or removal approximates between one in thirty and one in twenty.²⁻³ This document brings awareness to these issues and recognizes the potential sequelae experienced by a small proportion of patients. The CSPM generally supports this report and feels this report represents an appropriate stepping stone in establishing a national registry to follow these patients and national guidelines for the management of mesh-related mid-urethral sling complications. The CSPM feels further consideration is warranted for:

Recommendation 8 - Reimbursement by the Quebec Ministry of Health and Social Services for fees incurred by those patients who obtained mesh removal surgery outside of Quebec, or those patients who will in the future until centres of expertise have been established in Quebec.

CSPM response - The government and patients should be informed that the clinical and surgical expertise for the management of mesh complications exists within Canada now; the CSPM has formulated a list of such providers accessible on our website⁴
<https://www.canadiansocietyforpelvicmedicine.org/>

Recommendation 15 - immediate moratorium on trans-obturator mid-urethral slings

CSPM response - our society acknowledges that serious events such as bowel injury occur in 0.005% of retropubic cases⁵, however this is offset by the evidence from clinical trials which suggest mesh-related complications and rates of re-operation are higher over time with trans-obturator slings.⁶⁻⁷ Furthermore, anecdotal evidence suggests that mesh removal after a trans-obturator MUS may be more difficult than that of a retropubic



MUS. Therefore, CSPM is in agreement with the recommendations of the NICE guidelines and Scottish Independent Review that the retropubic approach should be the preferred approach in performing mid-urethral sling procedures. In complex clinical scenarios where there is an increased risk of morbidity from the retropubic approach⁸⁻⁹, CSPM advocates that patients should be sent to high volume surgeons, preferably with formal training in Female Pelvic Reconstructive Surgery to discuss the benefits trans-obturator vs retropubic MUS approach, and consideration of alternatives to mesh slings.

Our society also is aware that most surgeons treating SUI are only trained on the trans-obturator approach, and as a professional organization, we prioritize addressing this educational gap by helping practicing physicians learn how to perform the retropubic approach to mid-urethral slings.

Our society endorses the approach for the management of mesh complications associated with pelvic floor reconstructive surgical procedures Joint Position Statement on the Management of Mesh-Related Complications for the FPMRS Specialist as published in the combined guideline from the International Urogynecological Association (IUGA) and American Urogynecologic Society (AUGS).¹⁰

References

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