

GYNAECOLOGY & OBSTETRICS UPDATE

Website for Doctors MarkMalak.com

Website for Patients MrMalak.com

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**HOSPITAL
DOCTOR**

AWARD

1st runner up

**UK best
Continence Team**

**Eastbourne
Urogynecology
Team**

M Malak, A Grimston,
J Andrews, N Lawton,
A Spirou, W Fletcher

Integrated management of pelvic floor disorders: Prolapse, urinary incontinence (1ry & recurrent), frequency, urgency and recurrent cystitis

**NHS Clinical
Excellence
Award**
2005 2006 2007
2008 2009
(achieving the highest
local Award)



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It was a simple implant to cure an embarrassing problem... The incontinence operation that's ruining women's lives

Traditional surgical treatment has involved holding up the womb by stitching it into surrounding tissue — this prevents it pressing on the bladder, but the procedure often doesn't work and involves up to two weeks in hospital.

Many patients have been concerned because of the content of the above article. The risks mentioned in the

As a result, the sling procedure is no longer recommended in America — the Food and Drug Administration (FDA) there has warned that it causes far more complications than previously thought, and is exposing women to unnecessary risk.

article are TRUE as regards the tension free vaginal tape surgery (TVT) used for **PROLAPSE** Repair [it may also help incontinence] [see figure of one of these meshes with 6 arms!]. **No** mesh of any type is used to repair prolapse in Mr Malak's Urogynaecology unit. Mr Malak has already warned about these risks for many years and recently in his TWEET dated the 5th August 2011. His opinion is that insertion of large artificial tapes in the vagina is un-physiological due to the large volume of mesh left in situ leading to considerable risks of intractable pain during intercourse, infection and erosion. The article mentioned that the FDA has warned against the risks which is also true statement (see copy of article from OBG management). This is **NOT** applicable to tension free vaginal tape surgery used only for urinary incontinence [e.g. **TVT0** in which a very thin tape is used with minimal total volume]. In UK; both the RCOG and NICE have already highlighted the risks from using meshes for treatment of prolapse. Tension free vaginal tape for urinary incontinence is approved by NICE. It is however important to realize that even safe, effective operation e.g. TVT0 [Mr Malak's results are 94% complete cure and 97% satisfaction rate] could be associated with low success rate and major complications if the operation is not done by a specialist with highly specialized pelvic surgical skills.

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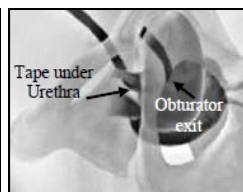
Me



tmmalak Mark Malak

FDA: Placement of mesh to repair pelvic organ prolapse is riskier than repairs with no clinical benefit. bit.ly/oLUINi via @addthis

5 Aug

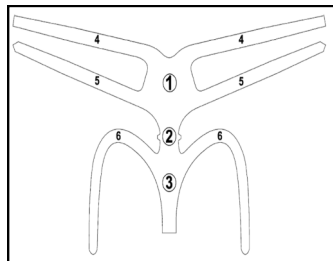


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Transvaginal mesh placement for POP tied to adverse events

**OBG
MANAGEMENT**

Transvaginal mesh tied to more risks than other surgical approaches in pelvic organ prolapse surgery



The U.S. Food and Drug Administration has warned health care providers and patients that transvaginal surgical placement of mesh to repair pelvic organ prolapse (POP) may be riskier than other surgical approaches, with no greater clinical benefit.