



The British Pain Society

Press Statement on suspension of mesh surgery in NHS Hospitals

The British Pain Society offers expert support for women who have suffered chronic pain as a result of pelvic mesh surgery complications

On 10th July 2018 the Government's review of surgical mesh for pelvic organ prolapse and/or urinary stress incontinence, called for the immediate suspension of their use. This procedure is done with the aim of relieving the distress caused by prolapse or lack of bladder control, but recent complaints from the public and media reports have shown that in many cases, it can go badly wrong and cause complications including chronic pelvic pain.

Baroness Julia Cumberlege, Chair of the Review, said:

"I have been appalled at the seriousness and scale of the tragic stories we have heard from women and their families. We have heard from many women who are suffering terribly. Their bravery and dignity in speaking out is deeply moving, and their sadness, anger, pain and frustration at what has happened to them and others has been compelling."

Dr Andrew Baranowski, President of The British Pain Society and a leading anaesthetist, has extensive experience in helping women to manage pain in this condition.

With 25 years of experience running a chronic pelvic pain clinic, he is also a recognised expert in specialist techniques such as neuromodulation and is an Honorary Senior Lecturer in pain medicine at University College London Hospitals. Dr Baranowski says:

"Put simply, living with chronic pelvic pain is associated with a significant negative effect on mood, thoughts, behaviour, sexual and personal relations as well as employment.

"It increases the risk of depression and anxiety and is associated with increased suicidal risk as well as mortality from other conditions like cardiac problems.

"Access to pain management is a fundamental human right."

The British Pain Society believes in the bio-psycho-social model of understanding pain and giving the best holistic treatment, based on multidisciplinary teams which are found in many British hospitals.

The most difficult cases may need highly specialised anaesthetic procedures to help them live more comfortably. Thus women who have suffered chronic pelvic pain after mesh surgery need to turn to specialists such as Dr Baranowski, who adds:

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“There are probably only five specialised pelvic pain management services in England that would meet NHS specifications to provide specialist assessment and management of conditions.

“There are limited NHS resources for those that live with chronic pelvic pain. Many medics struggle to know how best to support and manage those living with it.”

Of the 99,000 patients who are recorded in Hospital Episode Statistics as having had these surgical procedures, 9.8% had a subsequent hospital admission. More will have visited their GP or other NHS services. It is not clear how many women develop severe levels of chronic pain - according to some estimates, it could be up to 40%. Research is urgently needed to fully understand the extent of this problem.

The NHS has also issued a letter to all hospital trust CEOs and medical directors on 10th July 2018, announcing the commissioning of specialised centres which ‘will provide a new multidisciplinary team management and complex vaginal mesh removal surgery for women who have complex vaginal mesh complications’.

The British Pain Society supports the careful and responsible use of pelvic mesh surgery by expert surgeons, but recommends that women should be supported by trained pain specialists at all levels from their local hospitals up to these new specialist centres.

Kath Sansom, of ‘Sling The Mesh’ campaign which represents over 6000 women affected adversely by these complications, said:

"We are incredibly grateful for the support from the British Pain Society who are taking steps to put proper pathways of care into place for mesh injured women.

"A huge problem with the mesh implant story is that the pain is hidden. Nobody can see our injuries or how much we hurt, so sympathy and support is lacking.

"Many of the clinical trials only look at the fix and do not ask questions about new long term pain or problems after surgery. So to have our suffering recognised by such an important medical society is a huge step forward."

Acknowledging the psychological effects and serious societal consequences of the pain, Dr Baranowski says:

“When it does happen it is clear that the pain can be intrusive to the extent that some consider suicide.”

The British Pain Society PAIN:LESS Campaign recognises this silent suffering.

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The British Pain Society has organised an educational event (Study Day) for Monday 12th November 2018 to bring together pain specialists of different disciplines, together with the all-important patient representatives, to discuss the frequency, impact and proper treatment for the women suffering this complication. The Society believes this will be the first high level education event focused on post-surgical pelvic mesh pain in Europe.

This Study Day is one of series being run by The British Pain Society on a wide range of pain conditions affecting the whole spectrum of the population.

A press release for the Study Day as well as our PAIN:LESS Campaign, which draws significant attention to those suffering from chronic pain, will be released in due course.

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For more information or to speak to one of our pain experts please contact Dylan Taylor on:
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Background information for editors

The British Pain Society

The British Pain Society (BPS) is the oldest and largest multidisciplinary professional organisation in the field of pain within the UK. The BPS aims to make pain visible and to treat it better and is the British Chapter of the International Association for the Study of Pain. It is a registered Charity.

Chronic pain is suffered by over a quarter of the population. It is commonly distressing and can be highly disabling. It is devastating for individuals who suffer it. Many cannot work and lose their jobs.

Treatment of pain is a fundamental human right, yet sadly there is an enormous gap between the care people require and what happens in practice. We also do not know enough about the cause and treatment of pain. Our alliance of professionals works collaboratively with patients and industry partners to advance the understanding and management of pain. We strive to reduce the suffering of people enduring daily pain. Our multidisciplinary nature is pivotal in making The British Pain Society a uniquely relevant representative body on all matters relating to pain. It aims to promote education, training, research and development in all fields of pain.

The Society is involved in all aspects of pain and its management through the work of the Council, various Committees, Special Interest Groups and Working Parties and via its publications, Annual Scientific Meeting and educational seminars.

British Pain Society PAIN:LESS Campaign

The British Pain Society aims to make pain visible and to treat it better. Pain is the most common reason that people attend their GP and affects 1 in 4 people. Persistent pain can be a major source of suffering for many and can present in many ways, for example after road traffic accidents, burns and war injuries. Pain also occurs with illnesses such as cancer, arthritis and back problems. Pain is not visible.

Outwardly people may look 'normal' but are left with life-long severe pain that can affect their mood, relationships with family and friends and their ability to work or relax. We strive to help these people.