



Total Incontinence Sling Mesh Removal: A Qualitative Examination of Women’s Lived Experience

Tanaka Dune, Jenny Newton, Marcus Carey

Epworth Freemasons, University of Melbourne, Royal Women’s Hospital

Introduction

Despite adverse warnings on the use of mesh for the treatment of female stress urinary incontinence, it has continued to be used in some countries. Little is known on women’s actual lived experience of undergoing mid-urethral mesh sling surgery, its subsequent complications and resultant removal.

Aims

To explore women’s experience of complete mid-urethral mesh sling (MUS) removal.

Methodology

Consecutive women who underwent complete MUS removal from 2014 to 2018 were invited to participate in this IRB-approved study. Retropubic, trans-obturator and single-incision slings were included. Underpinned by phenomenological methods, semi-structured in-depth interviews were recorded, transcribed and analysed using van Manen’s (1997) 6-step approach to hermeneutic phenomenology. Participants’ narratives were explored using van Manen’s (2014) four existentials (life world): lived body, lived relation, lived space and lived time. Participants had the option of reading their transcripts to ensure their lived experiences were accurately captured.

Results

Twenty-two Caucasian women with a median age of 54 years (37-75) and parity 3 (1-5) were approached to participate in this study with 13 completing the interviews. Data saturation was successfully achieved. Complete MUS removal was achieved in all cases. Surgical approach depended on the type of MUS and included: combined vaginal and groin; vaginal, combined laparoscopic and vaginal; combined robotic and vaginal in 12, 5, 4 and 2 cases respectively (2 participants had multiple slings removed). Women’s experiences were encapsulated by *‘It’s all in my head’* and shared stories of undergoing a perceivably low risk *‘simple 20-minute procedure’* and of not being believed when they reported that something was wrong after surgery. Fourteen themes, detailed in Figure 1, emerged across van Manen’s four existentials. Following MUS removal, life for most women was slowly returning to a sense of normality, although many reported ongoing symptoms including urinary incontinence and pain. Eight (36%) have required further non-mesh continence surgery.

Results Cont’d

All women clearly expressed complete MUS mesh removal was the correct decision for them, where one woman shared: *‘Life is a hell of a lot better without it’* [the mesh]. Participants highlighted the lack of integrated care to deal with complications arising from MUS sling surgery.

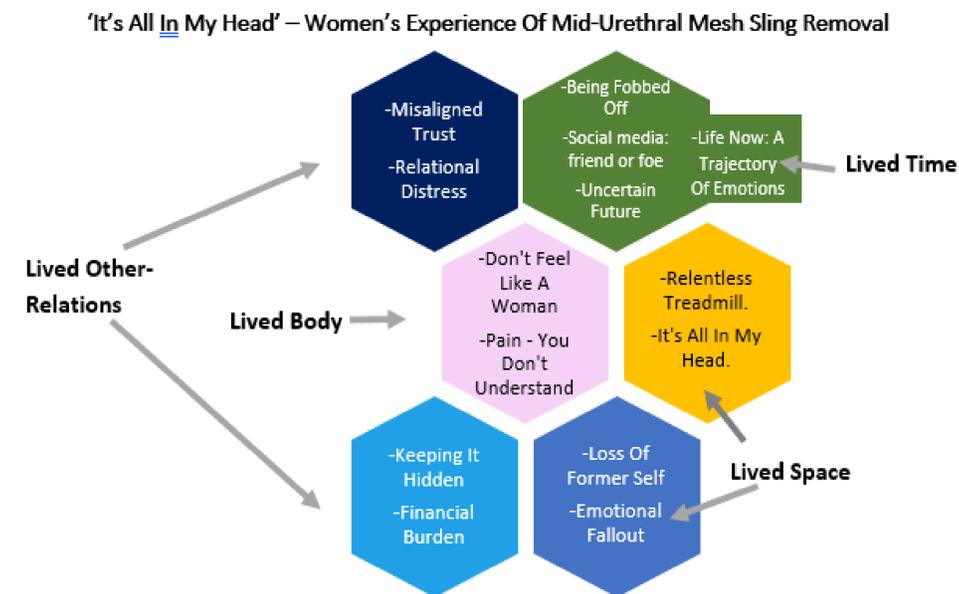


Figure 1: Emergent Themes of the Lived Experience

Conclusions

Qualitative research methodology provided important insights into the lived experiences of women who requested and underwent complete MUS removal. Participants consistently reported a general dismissal of their symptoms, loss of trust in the medical profession and vindication of their decision to undergo complete MUS removal. Women who present with debilitating MUS-related complications should receive empathetic optimal care and ongoing support. A woman’s decision to undergo complete MUS removal should be respected and performed by surgeons with experience in complete MUS removal.