

Health Select Committee Response Mortifies Advocates for Mesh Injured Women

Advocate for mesh injured New Zealanders, Sally Walker, delivered a petition to Parliament on the 30th of June 2022, asking for a suspension of mesh procedures for stress urinary incontinence (SUI). The Health Select Committee invited written submissions on her petition from a limited number of stakeholders, including Sally and patient advocate Charlotte Korte, and oral submissions were heard by the HSC in February and May this year. AWHC have reported on surgical mesh regularly over the last six years,¹ and commiserate with the mesh injured community over the almost complete lack of progress in halting the devastating harm that mesh causes many, many women.

The HSC's report on Sally Walker's petition and the evidence they considered, was submitted to Parliament on the 30th of June 2023,² The recommendation of the HSC is effectively to 'pass the buck' to the Ministry of Health, relevant medical colleges and the Medical Council of New Zealand, all of whom have repeatedly failed to take action to protect women from injury from surgical mesh.

Sally Walker and Charlotte Korte are both disappointed and disillusioned by this outcome. Mesh injured New Zealanders have again been forsaken by the very agencies that should be protecting them.

“It is no longer good enough to use the excuse that because some women seem fine after having this surgery, it is ok to leave others completely disabled with shattered lives, unable to function in everyday life.”

— Charlotte Korte, oral submission to the HSC, 15 February 2023

Health Advocates Speaking Out After Response from the Health Select Committee

In a press statement³ issued on the 3rd of July in response to the HSC report on the petition, Sally Walker and Charlotte Korte say they are speaking up because mesh injured New Zealanders will be mortified at the response from the HSC.

“We are extremely disappointed, we do not feel this report reflects that level of harm that is occurring, and we want the voices of mesh harmed to be heard. We want mesh injured to know we will not give up.”

They believe “the surgical mesh harm speaks for itself, the terrible suffering that is happening is avoidable, and it needs to be stopped.”

The petition requested a suspension of surgical mesh procedures for stress urinary incontinence, because of serious patient safety concerns, and the ongoing harm. These same procedures were suspended in the UK and are permanently banned in Scotland.

The HSC has noted that the Ministry of Health were “already investigating whether a suspension should be implemented”. They recommended to the Government that instead, “the Ministry of Health, the New Zealand Medical Council and relevant medical colleges should investigate how it could effect a time limited pause”.

Shocked and disappointed, Sally says “the 68 women I am supporting will be absolutely gutted and it will

be heartbreaking for me to have to tell them. I would like to think the Director-General of Health, Dr Diana Sarfati, who will now decide whether the suspension will be implemented, will do what is right, fight for patient safety.”

“So many lives have already been destroyed, the Health Select Committee has failed to take decisive action and it is understandable mesh injured will feel utterly let down, the committee members had the chance to stop the suffering and prevent others from the same fate,” said co-petitioner and patient advocate, Charlotte Korte.

Both Sally and Charlotte feel the report is inexcusable, that “the committee has ‘passed the buck’, fobbed off this responsibility to the same health entities who for years have been unable to stop this trauma and suffering. Where are the specific recommendations that one would expect from the Health Select Committee? Where is the evidence that the committee took this issue seriously, other than to listen to the people who presented and read their submissions. What conclusions did they make?”

The Green Party clearly support a stronger direction; they “believe that the harm being caused is not acceptable, and they are not confident patient safety can be assured.”

Spokesperson Jan Logie says “there is sufficient acknowledgement of serious harm to necessitate a suspension. The Green Party believes the Government needs to follow England and Scotland and step in and prioritise patient safety until there is a nationwide system of rigorous credentialing that has been completed, and high vigilance scrutiny placed on all non-mesh pelvic floor procedures.”

The Green Party are “concerned the recommendation that the Ministry of Health work with the relevant colleges and the Medical Council of New Zealand to investigate how it could effect a pause essentially gets the same body who have procrastinated for so long to make the final decision.”



The oral submissions on Sally Walker's petition were heard in [February](#) and [May](#) and can be accessed online.

International Expert Opinion Provided to the HSC by Dr Wael Agur

“The risk of chronic pain and most other long-term complications are because of the device itself rather than surgical skill. He emphasised the importance of surgical experience but noted that it is not associated with reductions in device-related chronic pain and other long-term conditions. Dr Agur explained that an inadequate surgical technique by people who are not credentialed is mostly associated with intraoperative complications, such as bladder injury. However, he said that this type of injury does not appear to have long-term complications because it can be diagnosed and repaired during surgery.”²

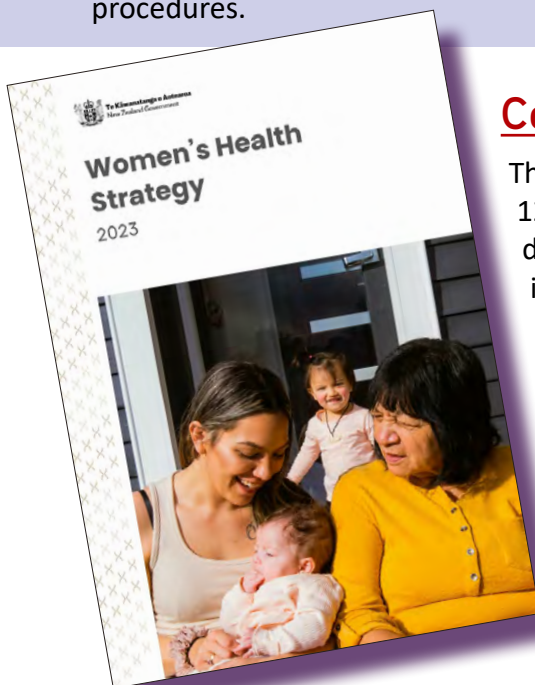
“Dr Agur noted that the United Kingdom pause on mesh remains despite it having a robust surgical training programme in urogynaecology and female urology. The United Kingdom has also established that mesh MUS surgery should only be performed by credentialed and experienced surgeons. According to Dr Agur: the pause is partly based on the understanding that improving surgical skills could not adequately mitigate the device-related risks.”²

References

- 1 For recent AWHC surgical mesh stories see the [August 2022 Newsletter](#) and [December 2022 Newsletter](#). Surgical mesh was also substantially covered in our submissions on the [Women’s Health Strategy](#) and the [Therapeutic Products Bill](#).
- 2 HSC, 2023: [Petition of Sally Walker: Suspend the implantation of mesh sling for stress urinary incontinence](#), Report of the Health Committee, New Zealand Parliament.
- 3 Walker S and Korte C, 2023: Health Advocates speaking out after response from the Health Select Committee, questioning their relevance. Media Statement, 3 July 2023.

Key Points from the HSC Final Report to Parliament

- Nationwide credentialling for surgeons implanting mesh has not started. There was no information provided to the HSC on when it will begin, how long it will take, or when it will be completed.
 - Just 12 of New Zealand's most experienced mesh surgeons have been credentialled, with only six meeting the minimum standards for removal. There is no clarification on what specific procedures these six surgeons have been credentialled for. Additionally, there appears to be nothing to stop non-credentialled surgeons in the private sector from continuing to work.
 - With the credentialling process not yet completed, there was still no clarity provided to the HSC specifically on what is being done in the interim to protect patients, to keep people safe from harm.
 - The petitioners want assurance that Te Whatu Ora/Ministry of Health will be able to prevent surgeons from operating uncredentialled going forward, and for more information to be provided to show how they will do this.
 - Chief Medical Officer (CMO) Joe Bourne confirmed that the Education and Harm Prevention Programme for surgeons had not begun, but talks were happening, and a meeting was organised at the end of May, this meeting "was to agree a way forward".
 - The Ministry of Health and the medical colleges did not provide any evidence to the HSC to show that there was currently the requisite training/upskilling happening in both mesh and non-mesh procedures.
 - Surgical mesh is still being used for pelvic organ prolapse in New Zealand; it is placed abdominally and these procedures are not banned.
 - The two mesh centres set up in Auckland and Christchurch are currently not taking referrals from mesh injured consumers who only have a rectopexy* mesh device implanted. The service will accept patients who have had a mesh rectopexy device if another mesh device has also been implanted for stress urinary incontinence, or pelvic organ prolapse.
 - A surgical mesh register was first considered in 2018 and is still being considered by Manatū Hauora/Te Whatu Ora. CMO Joe Bourne confirmed that currently they prefer the Australian Monash (APFPR) surgical mesh register. Te Whatu Ora/Manatū Hauora are looking at how the register will fit the New Zealand context. The APFPR register is not mandatory, surgeons can opt in or out of the register, and it could potentially take years before surgeons and hospitals are able to sign up to it. The number of procedures being added to the register is increasing.
 - Alongside the request for a suspension, petitioners Sally Walker and Charlotte Korte asked: for the reporting of surgical mesh adverse events to be made compulsory; for a change in the legislation to ensure a surgical mesh register would be mandated: that there would be no a voluntary opt in opt out decision for surgeons to join the register; and for high vigilance scrutiny of non-mesh procedures to be introduced, to keep people safe.
- * a rectopexy procedure uses surgical mesh to repair or prevent a rectal or bowel prolapse.



Coming Up in the Next Edition of the Newsletter...

The [Women's Health Strategy](#) was launched by the Government on the 12th of July. In our next edition of the Newsletter we will provide an in-depth review and analysis of the Women's Health Strategy — how does it stack up against what we said we wanted?

We want to know what you think of it, so get in touch with us share your thoughts - email us on awhc@womenshealthcouncil.org.nz.

Did you make a submission or leave a comment on the Tātou platform?

Is the Women's Health Strategy what you were hoping it would be?

What did they miss? What do you need from our health system? Is this strategy going to make a difference for you?