

PE1865/UUUU: Suspend all surgical mesh and fixation devices

Petitioner written submission, 22 January 2025

We would like to submit the following article published in the Journal of Abdominal Wall Surgery about hernia surgery in adolescents titled:

- [No reason to use mesh in groin hernia repairs in adolescents](#)

While we understand that there are complexities and differences regarding surgical options for adults, adolescents and children, we would also like to highlight that no hernia surgery is the same for any person at any age. We would like to draw the Committee's attention to the following quote from the article, in particular the final sentence (*italics added for emphasis*):

"When repairing groin hernias in adolescents, surgeons must decide between mesh or non-mesh repair. In case of non-mesh repair, the risk of recurrence must be acceptable, and in case of mesh repair mesh-related complications must be acceptable. It seems counterintuitive to place a synthetic foreign body like a mesh, static in size, in the groin of adolescents who still have growth potential. *Also, the prospect of living many years with a foreign body in the groin naturally raises concerns*, and therefore, ideally, using mesh in this age group should perhaps be avoided."

While the context of growth potential may not be relevant for adults, we want to strongly advocate that all hernia surgery must be considered in this view. Each patient's medical history, risk factors and personal circumstances should be considered individually to enable genuine choice and informed consent. If the risk of living many years with a foreign body is considered enough to warrant a suggestion that mesh should be avoided in young people, why is this also not the case for an adult who will also live for many years with the same foreign body implanted in them?

We ask the Scottish Government and the NHS to consider this principle as a foundation and framework to allow for investment in both surgical expertise and research within hernia surgery, as well as other surgeries using mesh implants.

Hernia repair should be approached the same way for an adolescent as for an adult. Questions should be asked to ensure the best possible long-term outcomes for each patient, and this should be the basis for choosing the most appropriate surgical interventions. This includes considering factors such as: could this patient change something in their life to ensure that a natural repair is a sustainable option? Would this lead to a healthier life and improved outcomes? Patients must be made aware of their options, and of the risks of both natural tissue repair and mesh repair. Do patients understand the risk of lifelong disability from mesh complications? Do they understand the possibility of intractable pain, migration and shrinkage associated with mesh, or are these outcomes presented as low risk? Our community members tell us they were not adequately informed before their surgery, and this is unacceptable.

We believe hernia surgery should be considered a principled surgery, meaning a hernia surgeon should be trained specifically in Shouldice and natural tissue repair, as well as mesh techniques. As it stands, we do not have the appropriate expertise within Scotland to make this possible. Hernia surgery, with the known risks of recurrence and complications, should be treated as an area of specialism rather than a small part of a general surgeon's practice. We know that hernia surgery is not as routine as it has been considered in the past, particularly in light of mesh complications and recurrences; specialised expertise is a must.

Although the true rates of mesh complications remain unclear, the harm from mesh is now known globally, with patients from across the world speaking out about their experiences. These voices will continue to grow and will get stronger as patients come together through online support groups. With every newly published news article, more and more people join our group to share their stories. Patients are also aware that other jurisdictions are taking stronger action against the use of mesh, and wonder why this is not being taken as seriously in Scotland.

We need to create guidance and training for every stage of hernia care, including both pre-op, and post-op. This includes guidance for general practitioners to help them spot and record mesh complications in their patients. We have heard countless stories of patients whose doctors are unaware that mesh could be causing their health problems.

We continue to implore the Scottish Government and the NHS to work with agencies, such as the Shouldice Hospital and beyond, to enhance the skills and expertise of surgeons in Scotland. The people of Scotland deserve the same degree of choice as those living elsewhere, and at present that is not feasible.