

PE1865/VVVV: Suspend all surgical mesh and fixation devices

Petitioner written submission, 10 February 2025

When we began this petition, we launched a parallel campaign and support group under the name Scottish Global Mesh Alliance. We would like to update the Citizen Participation and Public Petitions Committee on a recent name change to Sling The Mesh Scotland, to align with the rest of the UK. This enables us to work more closely with groups in the other UK nations and support one another in furthering the work to minimise harm from all uses of surgical mesh. This name change applies to our campaigning work, and our online support community, but does not impact our petition to the Scottish Government or our aims.

We are still calling for dedicated patient pathways for those who are injured by mesh surgeries. We continue to hear from new members in our group whose doctors are not informed about possible mesh complications, and who are left with nowhere to go for help. There are very few surgeons in Scotland who are appropriately experienced to do removals and/or natural repairs, and these surgeons are not known to patients until they seek out support from our group. Essential medical care should not be left to chance or word of mouth from other patients. There must be a clear pathway to named surgeons with appropriate expertise and we remain committed to working with the Scottish Government and NHS to achieve this. Our previous submission dated 22 January 2025 covers the issue of training and surgical expertise in Scotland, and should be read in parallel with this submission.

We continue to advocate for an independent review into the use of mesh with a view to understanding the true rate of complications. This aim remains a top priority for us, particularly in light of our meeting with the Scottish Health Technologies Group (SHTG) and Terry O'Kelly on the 24th of October 2024. During the course of that meeting, the representatives from SHTG agreed with our assertion that the datasets used were incomplete and outdated. One key example is the lack of any follow-up beyond 12 months, despite the knowledge that mesh complications do not always appear immediately after surgery. We also raised issues with the robustness of the data, as not all mesh complications are being recorded; particularly when both patients and their doctors are unaware the symptoms experienced could be related to the use of mesh implants and devices. As a result, we raised our significant concerns that not all of the recommendations in the report may be in-keeping with the true reality of the situation. In addition, many of the recommendations have not been implemented in practice and Terry O'Kelly and the representatives from SHTG offered a follow-up meeting with us to discuss the implementation of the recommendations around patient choice and informed consent, as these should be prioritised as a matter of urgency. We hope to arrange this within the next couple of months.

Despite the concerns over the data used in the SHTG report, the Scottish Government appear to be unwilling to commission any further reviews, which we believe could uncover the scale of mesh harm in Scotland. This report was an academic desk-based exercise using narrow and incomplete datasets. This is something the Scottish Government should be concerned with putting right. We are not blaming the SHTG who carried out the review as they were working within

parameters set by the Government, however we feel patients like ourselves should have been involved in working with the Government to ensure the right research questions were being asked. We do not have faith in this report or its conclusions that mesh is still the safest option for most patients. As the Scottish Government appear happy to leave that report as it is, we are not and continue to call for an independent review. No one, whether that is patients, surgeons, policy-makers, or politicians will truly know the impact of mesh and mesh harm until an independent review is undertaken.

Also, within the SHTG report it stated that patients should have options including natural tissue repair. Yet this appears not to have been filtered down to the NHS. Our work with patients across Scotland makes it clear that surgeons are still not offering choice or natural repairs, which makes informed consent from patients impossible. We also do not have adequate surgical expertise in Scotland to offer this choice, which again prevents patients from true informed consent. This underlies our ask for patient pathways and for investment in appropriate surgical skill and expertise by those qualified to do removals and natural repair. In order to achieve this, we need a centre of excellence with skilled surgeons who can offer a range of options, including natural tissue repair and mesh removals.

Thank you for your time.