Transvaginal Mesh Procedures in Scotland
April 2009 – March 2019

An Official Statistics publication for Scotland
Publication date: 08 October 2019

About this release
This release by Information Services Division (ISD) reports on recent trends in the number of surgical procedures carried out as part of the management of stress urinary incontinence (SUI) and pelvic organ prolapse (POP) in females. These procedures include those involving transvaginal mesh as well as other procedures which do not include the use of mesh. Data for year ending 31st March 2019 are provisional and subject to change in future analyses.

Further Information
Data from this publication are available to download from our web page.

Stress Urinary Incontinence
- Over the last ten years there has been a large decrease in the number of mesh procedures for SUI, particularly from 2014 onwards.
- The number of non-mesh procedures for SUI has increased to a lesser extent and more gradually over the same period.
- Over the last ten years there has been a significant reduction in the total number of mesh and non-mesh surgical procedures carried out for the management of SUI, from 952 in April – September 2009 to 236 in October 2018 – March 2019.
- No mesh procedures for SUI were carried out between October 2018 and March 2019 since a halt was announced in Scotland by the Chief Medical Officer.

Pelvic Organ Prolapse
- Over the last ten years there has been a decrease in the number of transvaginal mesh procedures for POP.
- The number of non-mesh procedures for POP saw a large decrease during 2014 and 2015 but a slower decrease since. The number carried out in the most recent 6 month time period is around half of the number carried out in April – September 2009. This has driven the decrease in the total number of procedures for POP.
- The total number of procedures for POP has decreased over time, from 1,805 in April – September 2009 to 793 in October 2018 – March 2019.
- No mesh procedures for POP were carried out between October 2018 and March 2019 since a halt was announced in Scotland by the Chief Medical Officer.
- The number of transabdominal mesh procedures for POP has been relatively stable over time.
Chart 1: Mesh and non-mesh procedures for stress urinary incontinence

Table:

<table>
<thead>
<tr>
<th>Period Ending</th>
<th>Mesh procedures for stress urinary incontinence</th>
<th>Non-mesh procedures for stress urinary incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td>1,200</td>
<td>800</td>
</tr>
<tr>
<td>September 2018</td>
<td>200</td>
<td>400</td>
</tr>
</tbody>
</table>

June 2014: Chief Medical Officer writes to health boards asking them to consider suspending the use of mesh products in surgery for SUI and POP.

September 2018: Chief Medical Officer writes to health boards requesting an immediate halt in the use of transvaginal mesh in the treatment of both SUI and POP.

Chart 2: Mesh and non-mesh procedures for pelvic organ prolapse

Table:

<table>
<thead>
<tr>
<th>Period Ending</th>
<th>Transvaginal mesh procedures for pelvic organ prolapse</th>
<th>Transabdominal mesh procedures for pelvic organ prolapse</th>
<th>Non-mesh procedures for pelvic organ prolapse</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td>1,400</td>
<td>1,200</td>
<td>1,000</td>
</tr>
<tr>
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