



**literally  
inspired**

EDITING FOR CLARITY  
AND STYLE

# Why *'may'* may be bad for our health

Working with a committee of  
clinicians to produce consumer  
health information

**Heather Doubleday & Julia Garry**

**PLAIN Conference, Oslo, September 2019**



# Case study



# About us

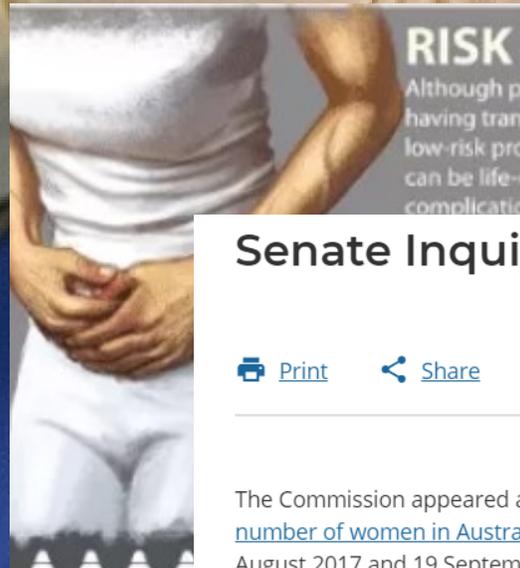
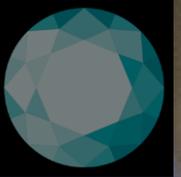




# A right to health



# Context



**Vaginal mesh complications too severe to be inflicted on patients, court told**

**Senate Inquiry - Transvaginal Mesh** mesh class action against companies owned by Johnson & n hears closing submissions

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**Vaginal mesh controversy shows collective failure of the TGA and Australia's specialists**

June 7, 2017 5:21am AEST

Hundreds of women have complained of adverse reactions from transvaginal mesh implants. Anna Noack/Unsplash

The Commission appeared at the [Senate C](#)  
[number of women in Australia who have h](#)  
August 2017 and 19 September 2017. The

Design by  
committee

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE**

TREATMENT OPTIONS FOR

## Complications of transvaginal mesh (including options for mesh removal)

**?**

### What is Transvaginal Mesh?

Transvaginal mesh is a manufactured, net-like product that has been used to treat pelvic organ prolapse and stress urinary incontinence worldwide for a number of years, and in Australian women for over 15 years. The mesh provides extra support to weakened tissues in the pelvis.

Transvaginal mesh products are no longer available in Australia solely for the treatment of women with pelvic organ prolapse because of safety concerns about its use in this procedure.

A range of surgical and non-surgical treatment options are available for stress urinary incontinence in women.

Transvaginal mesh is intended to be permanent once placed in the body. This impacts on options for removal, in the event of complications.

**About this guide**

The Australian Commission (the Commission) has reviewed the use of transvaginal mesh for pelvic organ prolapse and stress urinary incontinence, and the development of some resources for these procedures.

Three resources have been developed to help you make treatment options with your doctor and share decisions about your care:

- pelvic organ prolapse
- stress urinary incontinence
- complications of transvaginal mesh removal

This guide responds to the Community Affairs Reference Group's request for women in Australia who have related matters.

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TREATMENT OPTIONS FOR

## Pelvic Organ Prolapse

**?**

### What is pelvic organ prolapse?

Pelvic organs include your bladder, womb (uterus) and rectum. Pelvic organ prolapse occurs when one or more of these organs bulges against, or sags down into the vagina and the muscles and ligaments in the pelvic floor become stretched, or too weak to hold the organs in the correct place.

Prolapse can occur in the front wall of the vagina (cystocele), back wall of the vagina (rectocele), uterus (uterine) or top of the vagina (vault). You can have prolapse of more than one organ at the same time. Types of prolapse are shown on page 6.

Vaginal prolapse is common, affecting up to half of adult women\*. Causes include pregnancy and childbirth, aging and menopause, obesity, chronic cough, chronic constipation, and heavy lifting. Prolapse can also occur following hysterectomy and other pelvic surgeries.

Prolapse is usually not life-threatening, but it can significantly affect your quality of life. It's your choice how you proceed.

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE**

TREATMENT OPTIONS FOR

## Stress Urinary Incontinence

**?**

### What are the symptoms of organ prolapse?

**You might have:**

- Pressure or bulging in your vagina, often during activities
- Painful intercourse, or less sensation with intercourse
- Less control with your bladder or bowels
- Urinary problems such as retention (your bladder is full), incontinence, and urinary urgency
- In severe cases of prolapse obstruction (connect the kidneys to the bladder) and can occur.

These symptoms can contribute to physical and emotional distress in your daily life. If you have no symptoms, or your symptoms are mild, you may safely choose to do nothing.

**?**

### What is stress urinary incontinence?

Stress Urinary Incontinence (SUI) is the leaking of urine during activities that increase pressure inside the abdomen and push down on the bladder, such as coughing, sneezing, running, or heavy lifting.

There are several causes of SUI including pregnancy, childbirth (particularly where forceps were needed), weight gain, and chronic straining or coughing.

**?**

### Types of incontinence

Incontinence is any accidental or involuntary loss of urine from the bladder – urinary incontinence – or bowel motion, faeces or wind from the bowel – faecal or bowel incontinence.

There are different types of urinary incontinence, each with different causes and treatments, which include:

- Stress incontinence – this type of incontinence is the focus of this information resource
- Urge incontinence – urinary incontinence preceded by a sudden and strong need to urinate
- Incontinence associated with chronic retention – when the bladder is unable to empty properly and frequent leakage of small amounts of urine occurs as a result
- Functional incontinence – due to medications or health problems that make it difficult to reach the bathroom in time
- Continuous incontinence – where your bladder cannot store any urine at all, resulting in either passing large amounts of urine constantly, or passing urine occasionally with frequent leaking.

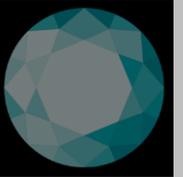
Sometimes women have more than one type of incontinence. Specialised tests will help diagnose the type of incontinence you have and which treatment options are right for you. These tests may include a urodynamic study or a cystoscopy.

**i**

### Information for consumers

This guide is designed to help you discuss treatment options for stress urinary incontinence with your health professional and to share decisions about your care.

\* Lifetime risk of undergoing surgery for pelvic organ prolapse: Smith TJ, Holman CD, Murray RL, Tacklin H. Obstet Gynecol 2010; 115:536-540





One small  
wording  
change...



3

## Surgical treatment options

If non-surgical treatments do not work for you and your symptoms are severe and disrupt your life, you may consider surgery. Surgery to repair the prolapse can involve use of either your own tissue (native tissue) or a biological graft (human or animal) or polypropylene mesh.

The repairs may be made by insertion of mesh through your abdomen or through your vagina using either dissolvable or permanent stitches. Biological grafts are only approved for use in abdominal prolapse repairs, not in transvaginal prolapse repairs.

You may find it helpful to take a family member or friend to support you in discussing your options and the next steps with your doctor. You may also

Mesh may also be inserted through the abdomen, which has been associated with fewer complications than transvaginal mesh, including lower re-operation rate and improved outcomes compared with both native tissue, biological graft and transvaginal mesh repairs. Mesh for use in this way is still included on the ARTG.

Complications of transvaginal mesh reported by some women include: mesh migration, extrusion or erosion resulting in lacerations of vessels and organs, including the bladder and vagina; continual chronic pain; painful sexual intercourse; and nerve damage. These complications can be debilitating and life-altering. The TGA website includes a comprehensive list of potential complications [www.tga.gov.au/alert/urogynaecological-surgical-mesh-complications](http://www.tga.gov.au/alert/urogynaecological-surgical-mesh-complications).

### Native tissue repair

This type of procedure involves

Your doctor should explain the approach that is best for the type of prolapse you have, considering your general health and fitness for surgery.



Native tissue repair has a higher risk of recurrent prolapse compared with synthetic mesh and, as for all types of prolapse repair, there is a risk of development of pelvic pain in the short and long term. If you do develop pelvic pain, it can be difficult to treat.

### Synthetic mesh repair

Synthetic mesh is a man-made, net-like product that may be placed in, and attached to, your pelvis; sometimes with 'anchors' to support your prolapsed organs. Mesh and the anchors are most commonly made from polypropylene.

The mesh is intended to remain in the body permanently. If complications occur, additional surgery may be required. Complications may not completely resolve, even if the mesh is removed. Complete removal of the

So  
what's  
wrong  
with  
'may'?



# Probability



# Modal verbs



	<b>May</b>	<b>Might</b>	<b>Can</b>	<b>Should</b>	<b>Must</b>
<b>Possibility</b>	Yes	Yes	Yes		
<b>Permission</b>	Yes		Yes		
<b>Ability</b>	Yes		Yes		
<b>Obligation</b>				Yes	
<b>Necessity</b>					Yes



After considering information, you **MAY** decide not to have any treatment.

- Possibility or permission? (Possibility)
- Could we use CAN? (Yes)
- What difference would it make? (You have the ability to choose – you don't need permission.)



Specialised tests **MAY** also need to be performed.

- Possibility? (Yes)
- Need (Necessity)
- The bigger issue here is passive construction.  
Performed by whom? Who decides what is needed?



**Consider  
purpose  
and  
tone**

Is it intended to be:

- Informative?
- Instructive?
- Encouraging? / Supportive?
- A call to action?

Advocate  
and  
educate



Photo by Kelly Sikkema on Unsplash

## Summary

- Health is a human right
- Try some different modal verbs
- Consider purpose and tone carefully
- Advocate and educate



Thank you

