Bay Area PelvicSurgery
Michael Thomas Margolis, M.D.

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Cabinet Secretary for Health and Wellbeing
St. Andrew's House
Regent Road
Edinburgh
EH1 3DG
Email: scottish.ministers@scotland.gsi.gov.uk

Dear Minister Neil,

I have been asked to provide a statement on the dangers of polypropylene mesh implants used in transvaginal surgery for prolapse and urinary incontinence. I understand this statement may be considered in the working group the Scottish Parliament has set up which is due to meet on September 26, 2013.

I am a US physician and surgeon specializing in female pelvic reconstructive surgery. I am fellowship trained, subspecialty board certified and have been in practice since 1992. I am infinitely familiar with the polypropylene mesh complications in question as I have been removing mesh implants from American patients since their introduction to the US market in the mid-1990s. To date, I have removed over 200 transvaginal polypropylene mesh implants. I am now removing on average two implants per week and the number of patients presenting for mesh removal is rising at an almost exponential rate.

The complications from transvaginal polypropylene mesh implants cannot be ignored. The plethora of intra-operative and postoperative injuries from these implants are almost too numerous to count. I have personally treated patients suffering complications including intra-operative injuries to the bladder, bowel, blood vessels and vagina. I have treated patients with vaginal mesh erosions, chronic complications of mesh including chronic infection, chronic scarring, chronic pain, morbid disfigurement and loss of function of the vagina. I've treated patients suffering from permanent injury to adjacent structures including the vagina, urinary tract and bowel from contraction of the mesh. I am now seeing the late complications of the mesh occurring years after its initial implantation. Finally, I have seen many patients marriages disintegrate as a result of the loss of consortium frequently seen with mesh damage to the vagina. Easily, and entire surgical

subspecialty could be formed just to deal with the horrific, oftentimes permanent and always avoidable injuries from polypropylene vaginal implants.

An exhaustive treatise on mesh complications can be provided should you request, however the purpose of this letter is to simply state that which is obvious; the use of transvaginal polypropylene mesh for the treatment of prolapse and incontinence must stop immediately. The complications from this defective surgical theory and defective material far outweigh the potential benefits.

Finally, and perhaps most importantly, there are a host of traditional surgical procedures available for the treatment of prolapse and incontinence that have success rates equal and superior to mesh repairs and of course, since they are not mesh-based repairs, have a 0% mesh complication rate!

I hope this correspondence is of help to you. I remain available to speak with you any time should you have any questions. Please do not hesitate to contact me.

Yours sincerely,

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* CV attached