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Dessie S[1], Hacker M[2], Haviland M[2], Rosenblatt P[1]
1. *Mount Auburn Hospital,* ***2.*** *Beth Israel Deaconess Medical Center*

ATTITUDES TOWARD TRANSVAGINAL MESH AMONG PATIENTS IN A UROGYNECOLOGY PRACTICE

Hypothesis / aims of study

The purpose of this study was to assess new urogynecology patients' knowledge and opinions of transvaginal mesh (TVM) following the 2008 and 2011 Food and Drug Administration's (FDA) public health notification and safety update on complications surrounding TVM. [1,2]

Study design, materials and methods

An anonymous survey was distributed to all new patients presenting to a single urogynecology practice from November 1, 2012 to January 31, 2013. The survey was designed to elicit information on participants' knowledge and opinions about TVM, sources of information about TVM, and knowledge about recent FDA safety communications. Opinion questions were asked on a 10-point scale, with 0 being an extremely negative impression, 5 a neutral impression, and 10 an extremely positive impression. Data are presented as proportion or median (interquartile range).

Results

A total of 146 patients completed the questionnaire. Analyses beyond demographics and media consumption were restricted to the 77 women who had either heard of TVM, or were unsure if they had heard of TVM. A minority (32.5%) of these women correctly defined TVM, and 33.8% had a negative impression of TVM. Respondents obtained their information on TVM from the media (48.1%), the Internet (24.7%), family or friends (22.1%), and health care providers (18.2%). The majority (71.4%) agreed that they needed more information about TVM before making any decisions about using it to treat their condition. Nearly one quarter of respondents (23.4%) agreed that they would not want their doctor to use TVM on them for any reason. Additionally, 44.2% of participants felt that TVM might be appropriate in some situations for the treatment of prolapse. The most common concerns regarding TVM included mesh erosion (41.6%), infection (40.3%) and the need for additional surgery (40.3%). When asked about the recent FDA safety communications, 27.3% of patients correctly responded that the FDA had released a safety communication regarding TVM and 62.3% were unsure if they had heard about the safety communication. Most (74.0%) participants were unsure of whether the FDA had recalled any TVM products.

Caucasian women had a more favourable impression of mesh than non-Caucasian women (5.0 (3.0-5.0) versus 2.0 (0.0-5.0), P=0.03). There was no difference in impression among women who completed at least a bachelor's degree compared with those who did not (P=0.94) or among women who were >65 years of age compared with those who were ≤65 years of age (P=0.43). There was no difference in impression among patients who reported a prior procedure with TVM for prolapse compared to those without a history of such procedures (P=0.09). Similarly, hours of television and Internet use did not correlate with opinion regarding TVM (P=0.52 and P=0.39) (Table 2).

Interpretation of results

Our study draws attention to the fact that better communication around TVM is needed between providers and patients. The data demonstrate that a significant portion of our patient population has misconceptions about TVM, as well as the FDA communications regarding TVM. For this reason, it may be beneficial for providers to proactively provide information on TVM to patients who are presenting to urogynecology offices with pelvic floor problems. This will ideally facilitate a more informed conversation between patients and providers during the consent process and ensure that lack of knowledge does not prevent patients from receiving the best treatment for their condition.

Concluding message

Given our findings, it is important that providers spend more time during the consent process explaining TVM and its place as a treatment option.

References

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2. FDA Safety Communication: UPDATE on Serious Complications Associated with Transvagianl Placement of Surgical Mesh for Pelvic Organ Prolapse. July 13, 2011. Available at: http://www.fda.gov/medicaldevices/safety/alertsandnotices/ucm262435.htm. Accessed December 3, 2013.

Disclosures

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