

## PELVIC PAIN PATIENTS WITH MESH HAVE SIGNIFICANTLY GREATER ISSUES WITH BLADDER, INTIMACY AND ANXIETY THAN OTHER PATIENTS WITH PELVIC PAIN

A.Thillainathan

Following the publication by Baroness Julia Cumberlege on July 8th 2020, specialist care centres for mesh-injured women were set up with direct funding from NHS England<sup>1</sup>. The UCLH London Centre for Mesh Complications (LCMC) opened in July 2021, the focus being the patient journey, including non-surgical options such as the involvement of pain management and mesh trauma psychology services.

Our aim was to collect data that would inform patient care and best clinical practice. Data were collected using published and validated tools, with appropriate consent and governance prior to an initial assessment with an advanced nurse practitioner and advanced physiotherapist, supported by consultants.

Data were analysed using Prism GraphPad. Distribution of data were calculated using D'Agostino-Pearson normality tests. Unpaired T-tests and Mann-Whitney tests were used accordingly to determine statistical significance between the two patient cohorts.

Outcomes in patients with implantable mesh (n=111, collected between August 2021 to November 2022) were compared with the outcomes in the general chronic pelvic pain patients (n=1256, collected between July 2013 to March 2020).

Table 1: demonstrates outcomes measured, mean values, sample size, p values generated.

	Mesh Patients		Chronic Pelvic Pain		
Patients					
Outcome measured	Mean	N value	Mean	N value	P value
Bladder interference with life (1-10)	6.9640	111	4.4029	1256	<0.0001
Bowel interference with life (1-10)	5.4414	111	4.5613	1256	0.014
Pain interference with sex (1-10)	8.7471	87	6.6935	1118	<0.0001
DAPOS A	8.8829	111	7.6622	1256	0.002

Our analysis indicates that the patients with implantable mesh are significantly worse compared to the chronic pelvic pain population for the following outcomes; bladder and bowel interference with life, pain interference with sex (not all patients were sexually active) as well as anxiety (DAPOS A).

Our data reinforces the need for joint speciality and collaborative working between surgical colleagues, mesh trauma psychology and interdisciplinary pain management.

### Reference

8 July 2020, First do no harm. [www.gov.uk/official-documents](https://www.gov.uk/official-documents).