

## Surgical Mesh Roundtable

### Position Statement on the use of the transobturator approach in incontinence surgery

For women experiencing stress urinary incontinence there are a range of surgical and non-surgical management options that should be considered and discussed.<sup>i</sup>

For women who make an informed choice to undergo surgical treatment involving mesh (specifically, a midurethral sling procedure) there are two different ways that mesh can be inserted.

- The retropubic method (behind the pubic bone)
- The transobtruator method (where the mesh comes out in the inner thigh on each side).

As the risks associated with different types of surgical mesh and associated procedures have become more widely known, the National Institute for Health Care Excellence (NICE) updated its guidance *Urinary incontinence and pelvic organ prolapse in women*<sup>ii</sup> to state:

*1.5.10 Do not offer a transobturator approach unless there are specific clinical circumstances (for example, previous pelvic procedures) in which the retropubic approach should be avoided*

This is based on evidence that the retropubic approach is more likely to cure incontinence in the short term and less likely to cause complications in the medium to long-term than the transobturator approach. The retropubic mesh slings are also easier to remove if complications do occur, although there is a greater risk of bladder injury and the need for temporary catheterisation. The transobturator approach was associated with serious adverse events such as nerve damage, leg pain and mobility issues.

**The Surgical Mesh Roundtable supports this view and similarly recommends that the transobturator approach only be offered in exceptional circumstances and following discussion in a multi-disciplinary or peer review forum.**



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and New Zealand  
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### About the Surgical Mesh Roundtable:

The Surgical Mesh Roundtable provides oversight and advice to the Ministry of Health on the surgical mesh work programme which aims to support those who have been harmed by surgical mesh and minimise the risk to patients who may be considering its use.

The Roundtable includes representation from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australasian College of Surgeons (RACS), the Urological Society of Australia and New Zealand (USANZ), the Royal New Zealand College of General Practitioners (RNZCGPs), nursing, ACC, the New Zealand Private Surgical Hospitals Association and consumers.

Terms of Reference are available here:

<https://www.health.govt.nz/system/files/documents/pages/terms-reference-surgical-mesh-roundtable-may20.pdf>

### About NICE:

NICE is a UK-based health agency that aims to improve health and social care through:

- Producing evidence-based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
- Providing a range of information services for commissioners, practitioners and managers across health and social care.

<https://www.nice.org.uk/>

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<sup>i</sup> These are outlined in *Considering Surgical Mesh to Treat Stress Urinary Incontinence?*

<https://www.health.govt.nz/system/files/documents/publications/considering-surgical-mesh-to-treat-stress-urinary-incontinence-aug2019.pdf>

<sup>ii</sup> Available here: <https://www.nice.org.uk/guidance/ng123>



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