Surgical Mesh: Update

By Sandy Hall

Our article in the June Women's Health Update raised questions about the use of surgical mesh in gynaecological procedures and the roles of Medsafe, ACC and the Office of the Health and Disability Commissioner (HDC). As a result of this investigation, WHA Policy Analyst, Sandy Hall, approached ACC and HDC with questions raised by our continuing investigation and from women who have contacted us about their experiences with the use of surgical mesh.

Surgical mesh is used in place of, or in addition to, sutures for surgical repair. Its advocates believe that it provides increased durability and also shortens the time taken for surgical procedures. Over the last decade it has been increasingly used for gynaecological repairs.

Our previous article described the increasing international evidence that significant numbers of women have experienced complications including disabling pain and severe tissue damage. This includes New Zealand women and last year after appearing on TV3, New Zealander Carmel Berry set up a website to help raise awareness of the complications caused by the mesh – http://meshdownunder.co.nz/ .

Some New Zealand and Australian women have now joined a class-action lawsuit filed in the USA covering mesh products made by five manufacturers – Ethicon, Coloplast Corp, Boston, Bard and American Medical Systems.

Women who have contacted us have had varying reactions from ACC to claims for injury. We also wanted to know how HDC had responded to any complaints. We approached both ACC and HDC with the following questions and they responded as follows.

Since 2010 ACC have had 341 claims relating to surgical mesh. Of these, 241 claims were accepted at a cost of over $1.7 million dollars. Gynaecological procedures made up 34% of the claims, and 43 claims related specifically to vaginal injury. An unidentified number claims were for urological procedures. The majority of the accepted treatment injuries related to infection.

When ACC were asked if they routinely inform the treatment provider particularly if more than one claim is made, they responded that they do not but do "share treatment injury information with the health sector" including adverse event notifications to the Ministry of Health. These are made on a monthly basis. They do not notify professional bodies unless peer clinical advice is received criticising practice. They do not contact HDC. No records are kept about claims against individual practitioners.

HDC have had seven complaints in regards to surgical mesh since July 2011. One resulted in a decision which found a surgeon had breached the Code of Health and Disability Services Consumers' Rights Regulation 1996.[1] The outcome of the other complaints is not described in their response. HDC does note that while keeping a "watching brief" "we do not have any immediate cause for concern about the use of surgical mesh" and emphasised the importance of consumers being informed about benefits and risks. HDC also notes it has liaised with Medsafe and reiterates the advice on the Medsafe website which states "Medsafe has concluded that surgical mesh is safe when used in accordance with the manufacturers' instructions by an appropriately trained surgeon".[2]
There are concerns about the lack of monitoring of both the product and the clinicians using it and about whether Medsafe should continue its approval of this product despite increasing research, evidence, and concerns raised by both clinicians and consumers.

In 2011 the FDA noted that the use of mesh has not been "proven to provide better outcomes and that serious complications including infection, pain, incontinence,

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perforation of bowel or bladder, are not rare."[3] A number of further studies have made similar findings and a 2013 US study found that "one of the most troubling problems for women experiencing painful mesh complications is the difficulty, and in some cases the inability, of surgeons to remove the defective mesh from the body. The mesh is designed to become incorporated with the body's natural tissue, a process that occurs in a short period of time. Many women seeking to have the mesh removed must undergo multiple surgeries".[4]

Consumers would be better served if:

• Clearer information about the risks and current evidence was made available on the Medsafe site

• The agencies involved in complaint and compensation claims routinely shared information about Mesh

• Further investigation of the systemic gaps in both follow-up and compensation was undertaken

• A more robust informed consent process was developed to ensure consumers are aware of the risks involved and the alternatives available

• Specific Aotearoa New Zealand based monitoring of the use of mesh was instituted to clarify the number and type of incidents involving surgical mesh

WHA will be approaching Medsafe, ACC and HDC over the next month to see if we can progress this further.

1. Health and Disability Commission 2011 'Complications following laparoscopic hernia repair', ref 09HDC01329.

2. MedSafe 'Urogynaecological Surgical Mesh Implants' www.medsafe.govt.nz/hot/alerts/UrogynaecologicaSurgicalMeshImplants.asp

3. FDA 2011 Urogynecologic *Surgical Mesh: Update on the Safety and Effectiveness of Transvaginal Placement for Pelvic Organ Prolapse.*

4. Nygaard I, Brubaker L, Zyczynski HM, et al. 2013 Long-term Outcomes Following Abdominal Sacrocolpopexy for Pelvic Organ Prolapse. Journal of American Medical Association vol 309(19)

Commemorating the anniversary of the Cartwright Inquiry Report

By Maggie Behrend

Each year, to commemorate the release of the Cartwright Inquiry report, Women's Health Action holds an anniversary seminar and chooses a topic which examines the dynamics of gender and power within social institutions in the spirit of Cartwright.

In 1987, health activists Sandra Coney and Philida Bunkle exposed an unethical study conducted at the National Women's Hospital from 1966 into the 1980s. Without their knowledge or consent, women with cervical abnormalities were withheld treatment and their conditions only monitored. By the time the story broke, many women had developed cervical cancer and some had died. The exposé prompted an inquiry, known as the Cartwright Inquiry after the presiding judge Dame Silvia Cartwright, into the 'Allegations Concerning the Treatment of Cervical Cancer at National Women's Hospital'. The Inquiry released a report on August 5th 1988 which made a series of recommendations to improve medical practice and strengthen patient rights that remain relevant today.

Women's Health Action, then known as Fertility Action, was central to the inquiry and worked to ensure the implementation of the Cartwright Inquiry recommendations in the years that followed. Today, Women's Health Action is committed to keeping the legacy of the Cartwright inquiry and Report alive.

This year Women's Health Action marked the anniversary of the Cartwright Inquiry report by coordinating a seminar in partnership with Counselling Services Centre, HELP, Rape Prevention Education, and Tu Wahine Trust, titled 'One in a hundred: improving justice for sexual violence survivors', on August 13th. The seminar focused on a contemporary site where women are fairing badly, namely the criminal justice system which fails to adequately serve sexual violence survivors, most of whom are women. In Aotearoa New Zealand it is estimated seven in 100 incidents of sexual violence are reported to police,[1] three in 100 make it to court, and one in 100 results in a conviction.[2]

The panel of six speakers discussed some of the barriers to justice with a focus on court processes. Louise Nicholas, Survivor Advocate at Rape Prevention Education, described the court system as "brutal" and "inhumane". Associate Professor of Law, Elisabeth McDonald, agreed, arguing court practices can re-traumatise survivors and discussed some of the practices used internationally that aim to improve victims' experience of justice.

A number of these practices influenced the recommended reforms the Law Commission put forth in its 2012 Issues Paper 'Alternative Pre-Trial and Trial Processes: Possible Reforms'. Dr Warren Young outlined these reforms, some minor, and some radical, including changing the model of New Zealand's criminal justice system from adversarial to an inquisitorial model. The Law Commission's project is currently on hold..

According to Stella Gukibau and Sue Ngawati Osborne of Tu Wahine Trust, the current court processes are particularly ill equipped to address sexual violence within families and whānau. Survivors of family violence often need to coexist with offenders but can find themselves isolated.

Tu Wahine Trust employs a culturally informed approach to justice. Many of the survivors Tu Wahine Trust work with want justice, however, they reject the current court system as unsafe and choose instead to work within the whanau to achieve some kind of restorative justice.

Paulette Benton-Greig further discussed the model of restorative justice as enacted by Project Restore and the benefits and limitations of this alternative form of justice. Restorative justice takes the view that crime is a violation of people and relationships, therefore restorative justice is about relationship justice. Project Restore engages a team of experts to tailor a model of justice that meets the survivor's needs. It recognises that healing is a process that requires an investment of time.

While restorative justice offers an alternative to the criminal justice system, it is not appropriate for every incident of sexual violence, and should not be seen as an alternative to offender treatment or a lesser form of justice. All panel speakers agreed efforts needed to be made to reform the criminal justice system to improve the experience for survivors of sexual violence.

The speakers' PowerPoint Presentations are available online: http://www.womens-health.org.nz/past-events.html

1. Ministry of Justice, 2010, The New Zealand Crime and Safety Survey: 2009, pg 45

2. New Zealand Family Violence Clearinghouse, 2013, Data Summary: Adult Sexual Violence, pg 6

Another successful Big Latch On!

By Maggie Behrend

At 10:30am on August 2nd, women gathered in venues across Aotearoa New Zealand to breastfeed simultaneously as part of the Big Latch On 2013.

The Big Latch On was held on Friday August 2nd across Aotearoa New Zealand and internationally. In total, 1417 children in Aotearoa New Zealand 'latched on' at 10:30am, slightly fewer than in 2012. Auckland, Wellington and Waikato saw the greatest numbers of registrations, with the Te Papa Museum venue in Wellington achieving an impressive 60 babies latching on!

The Big Latch On was started by Women's Health Action in 2005, to celebrate the World Alliance Breastfeeding Action's (WABA) annual Breastfeeding Week held from 1 – 7th August, before going global in 2010. Internationally, New Zealand was one of 28 countries that celebrated the Big Latch On, contributing 10% to the global total of 14,536 'latch ons'.

Women's Health Action sees the Big Latch on as a way of connecting women through breastfeeding. The goal of the event is to normalise breastfeeding, raise awareness about the benefits of breastfeeding, and encourage women to form support networks.

This year's Big Latch On theme was 'Successful breastfeeding requires support from family, friends and communities, Ko te mana o te whāngai ū ko taa te whanau whānui', which acknowledged the importance of peer support through supportive partners, whanau, agia, family, friends, other breastfeeding women along with support from community including organisations such as La Leche League and services provided by Lactation Consultants, Midwives and Tamariki Ora providers.

Women's Health Action wishes to acknowledge the venue hosts who organised events in their communities across Aotearoa, the women who came along to celebrate the Big Latch On, and those who helped translate the Big Latch On theme into 10 languages: Maori, seven Pacific Island languages, Mandarin and Korean, in recognition of Aotearoa New Zealand's diverse cultural makeup.

Women's Health Action would also like to thank the sponsors who donated gifts to randomly selected venues: Angela Scott Photography, EGG Maternity, New Zealand Wool Blankets, Tui Balms, Redseal, Mama Inc, BP New Zealand, Breastmates and BabyBaby.

An evaluation report on the 2013 Big Latch On, by Auckland University School of Population Health will be published later this year.

Comprehensive cervical cancer prevention and control: a healthier future for girls and women

By George Parker

The World Health Organisation (WHO) has recently released a Guidance Note titled 'Comprehensive cervical cancer prevention and control: a healthier future for girls and women'.[1] The Guidance Note provides a summary and update on exisitng WHO guidance on cervical cancer prevention. It emphasises the need for a comprehensive coordinated approach to cervical cancer prevention and control by delivering effective interventions across the female life course from childhood to adulthood including sexual health education, HPV vaccination, screening, treatment and palliative care.

Latest cancer statistics in Aotearoa New Zealand from 2009 show rates of cervical cancer continue in a general downward trend, with a 45.6% reduction in registrations of cervical cancer and a 53.6% reduction in deaths from cervical cancer between 1999 and 2009.[2] This can largely be attributed to the success of the National Cervical Screening Programme, established in 1990, and joined more recently by the HPV Immunisation Programme in 2008. However, there are on-going challenges for the prevention and control of cervical cancer in New Zealand. Disparity between ethnic groups in who develops and dies from cervical cancer remain persistent and represent a significant health ineqaulity. In 2009, the registration rate for Māori women was more than twice that of non-Māori and Māori women had a cervical cancer mortality rate almost three times that of non-Māori women.[3]

Further, the evaluation of the implementation of the HPV Immunisation Programme released late last year identified the need for integraton and imporved communication as key challenges for the programme.[4] Women's Health Action was initially critical of the failure to integrate the HPV Immunisation Programme with exisiting cervical cancer prevention strategies when it was introduced in 2008.[5]

Given these challenges, the WHO Guidance, with its emphasis on the integration of the various strategies for cervical cancer prevention and control, and collaboration between various sectors, is a timely reminder. According to the Guidance (p.10), the introduction of HPV vaccines represents a 'unique opportunity to develop synergies between national programmes of immunisation, cancer control, sexual and reproductive health, HIV and other sexually transmitted infections, adolescent health, and women's health'. The Guidance Note emphasises the need for carefully designed messages about HPV vaccines, HPV infection and cervical cancer, and the availability of services in order to educate communities, parents, teachers, adolescents and other stakeholders about the role of immunisation, screening and safer sex in offering the best chance to prevent cervical cancer. Although not the recipients of the vaccine and screening, the WHO asserts that education should include men and boys.

1. World Health Organisation 2013 'Comprehensive cervical cancer prevention and control - a healthier future for girls and women' WHO Press: Switzerland, 2013

2. Ministry of Health. 2012. *Cancer: New registrations and deaths 2009.* Wellington: Ministry of Health

3. Ibid

4. HPV Immunisation Programme Implementation Evaluation, 2012. Litmus

5. Parker, C. 2009 'Informed choice and Immunisation programmes' Womens Health Update, Vol 13(1)

Youth 2012 survey reveals concerning picture of body distress amongst New Zealand young people

By George Parker

The results of the Youth'12 'Health and Wellbeing of New Zealand Secondary School Students in 2012' survey[1] were released in August and provide a valuable insight into the health and wellbeing of New Zealand secondary school students. One area where young people are faring particularly badly is in relation to how they feel about their bodies and their weight.

A third of young women (31.6%) are unhappy or very unhappy about their weight, with the levels of unhappiness increasing in the later years of secondary school. Over one in 10 young men are also unhappy or very unhappy about their weight. In addition, three quarters of young women (75.5%) and nearly a half of young men (42.3%) are worried about gaining weight and similar numbers have attempted weight loss in the past 12 months. The survey also identified high levels of weight-based bullying. Over a third of young women (33.7%), and a quarter of young men (24.3%) reported having been teased by other young people about their weight. The same number of young women (33.2%) and 16.4% of young men have been teased about their weight by family members.

These statistics reveal high levels of body distress amongst New Zealand young people, reflecting similar research findings in Australia and the United Kingdom. A 2010 national survey of young Australians found that body image, along with family conflict and coping with stress were the top three issues of concern for young people.[2] Body dissatisfaction has been shown to have a significant impact on young people's health and wellbeing leaving them at higher risk of depression and other mental health effects, bullying, eating disorders, reduced physical activity, poorer sexual health, diminished sexual negotiation, risk taking behaviours including increased drinking and smoking, and lower self-esteem.[3] Women's Health Victoria note in their issues paper on body dissatisfaction, 'the many negative health impacts of body image dissatisfaction have meant that the issue is increasingly being recognised as an important target for public health action'.[4] Both Australia and the United Kingdom have undertaken national inquiries into the issue of body dissatisfaction and have identified the promotion of body image and addressing weight stigma and bullying as public health priorities.

1. The Adolescent Health Research Group 2013. 'Youth'12 Prevalence Tables: The health and wellbeing of New Zealand secondary school students in 2012'. Auckland; The University of Auckland.

2. Mission Australia National Survey of Young Australians 2009 Report http://www.missionaustralia.com.au/document-downloads/cat_view/132-annual-mission-australia-youth-survey

3. Ali, M. Fang, H. and Rizzo, J. 2010. 'Body weight, self-perception and mental health outcomes among adolescents', Journal of Mental Health Policy and Economics, Vol 13, No 2, pp. 53 - 63.

Larson, B. et al. 2011. 'Body satisfaction and sexual health behaviours among New Zealand secondary school students', Sex Education, (in press).

Leone, J et al. 2011. 'Predictors of adolescent male body image dissatisfaction: implications for negative health practices and consequences for school health from a regionally representative sample', Journal of School Health, Vol 81, No 4, pp. 174 – 184.

Neumark-Sztainer, D. Paxton, S. Hannan, P. Haines, J. Story, M. 2006. 'Does body satisfaction matter? Five-year longitudinal associations between body satisfaction and health behaviours in adolescent females and males', Journal of Adolescent Health, Vol 9, pp. 244-251.

4. Women's Health Victoria. 2009. 'Women and Body Image', Gender Impact Assessment No. 8.

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WOMEN'S HEALTH UPDATE SURVEY
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As part of our commitment to ongoing review and improvement, we would like your feedback on the Update. Please take a minute to answer the questions in this survey.

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PUBLIC HEALTH ASSOCIATION CONFERENCE 2013
17-19 SEPTEMBER - TARANAKI
Partnership or Collaboration, is there a difference? Are you worried public health may be falling off the political agenda? This year's Conference is the ideal time to share your innovations, your struggles, and your vision for the future of public health in Aotearoa New Zealand. http://www.pha.org.nz/conference2013/index.html

THE CARTWRIGHT LEGACY AT 25 YEARS
27 SEPTEMBER 2013 - AUCKLAND
An event to mark the anniversary of the Cartwright Report of August 1988. More information and registration: awhc@womenshealthcouncil.org.nz

CHILDREN IN CRISIS CONFERENCE 2013
7-9 OCTOBER - HAMILTON
The Centre for Global Studies in Education at University of Waikato, Te Whare Wânanga o Waikato, Hamilton, is hosting this important national hui in response to recent reports and research on children in crisis in Aotearoa/New Zealand. http://2013cic.wordpress.com/

SYHPANZ ANNUAL CONFERENCE
11-12 OCTOBER - WELLINGTON
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BUILDING PATHWAYS - ARA TAIOHI WĀNANGA AND AGM
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Register now for this year's wānanga '"Hangatia Te Ara, He Ara Tika Mo Tātou Katoa Building Pathways to Engagement, Resilience and Standards". The focus this year is engagement, resilience and standards. http://www.arataiohi.org.nz/Buildingpathwaysregistration2013

FAMILY PLANNING CONFERENCE
31 OCTOBER–2 NOVEMBER - WELLINGTON
This year's conference theme is Positive sexual health, which encompasses choice, services, information. http://www.familyplanning.org.nz/conference/welcome

NZ SEXUAL HEALTH SOCIETY CONFERENCE 2013
7-9 NOVEMBER - BAY OF PLENTY
The theme for 2013 is collaboration....or Let's Get Into bed Together. The focus is on strengthening the bonds between all the groups involved in the sector and looking at ways to move towards a more integrated and future proofed service.
http://www.rnzcgp.org.nz/events/details/391

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