

Joint statement from the Royal College of Surgeons and the British Hernia Society on the use of mesh implants for inguinal hernia repair

We extend our sympathies to all patients who have experienced pain or complications following the use of a mesh implant to repair a groin hernia. Patient safety and wellbeing is the first priority for all surgeons and any poor outcome from surgery is regrettable.

Unfortunately the nature of surgery in general, not just groin hernia repair using mesh, carries an inherent risk of complications. Surgeons will always seek to assess this risk and will discuss patients' individual clinical circumstances with them before surgery takes place.

Mesh has been widely used for over 30 years to repair groin hernias and evidence shows mesh implants are the most effective way to deal with these types of hernias. The rates of groin hernia recurrence are considerably lower when a mesh implant is used compared to non-mesh surgery. A [2018 study](#) found no significant difference in the rates of chronic pain associated with mesh and non-mesh groin hernia repairs. The best available evidence including Cochrane reviews of randomised control trials, hernia registry data and population-based studies show that mesh implants are the most effective way to deal with a groin hernia.

We acknowledge that some patients do experience complications following the use of mesh implants to repair groin hernias. Recent data from Wales shows 388 operations to remove prosthetic mesh material out of 55,807 total hernia repairs with prosthetic material since 2007/08 – about 0.7% of patients.¹ Similarly the Northern Ireland Department of Health has said 'documented complication rates estimate chronic pain after hernia surgery at 10-12%, with similar rates irrespective of whether mesh is used or not' and that there have been approximately 84 procedural removals of a prosthetic material for hernia repair out of approximately 22,600 procedures conducted since 2007/8.² In England, there have been 1,387,874 hernia repair procedures carried out since 2007/8, with 7,305 procedures to remove prosthetic material from a previous hernia repair in that same period.³ It is difficult to know how many of these meshes were removed from previous groin hernia repairs and because of mesh related symptoms. A significant proportion will have been removed during surgery for recurrent hernias.

Complications can vary from correctable problems to more serious and chronic pain. It must also be stressed that complications can occur with non-mesh groin hernia repairs, and by not operating on a hernia at all. Patients should discuss with their surgeon or GP how best to manage any pain or complications.

It is important to make a distinction between groin hernias, the most commonly carried out hernia repair, and other forms of abdominal wall repair, for example, hernias that occur at the

site of an incision or scar from a previous operation. These hernias are more difficult to treat and the complications rates are much higher.

Surgeons will continue to review new evidence and patients' experiences of mesh implants to ensure the right advice is given and the right action is taken. There should also be a review of existing evidence to make sure that previous studies have not missed any serious, widespread issue. The Medicines and Healthcare products Regulatory Agency should continue to monitor the quality of different meshes used to repair hernias. More generally the Royal College of Surgeons has called for all new surgical procedures and devices to be registered, with related data collected in the appropriate national audits, before they are routinely offered to patients. All implantable devices should be registered and tracked to monitor efficacy and patient safety in the long-term.

Lastly and importantly, the Royal College of Surgeons and the British Hernia Society wish to see the establishment of a UK mesh implant registry. This will allow us to monitor the safety and effectiveness of mesh implants and intervene early should any problems be identified.

¹ Data obtained from Welsh Government Department of Health and Social Services November 2018.

² Correspondence between Northern Ireland HSC Chief Executive and Orlaithi Flynn MLA and Caoimhe Archibald MLA.

³ Data obtained from NHS Digital April 2019. It is not possible to uniquely identify hernia repair using prosthetic material. Codes that could do this also classify hernia repairs using insert, where the material is not stated as being prosthetic or natural.