

Appendix with the summary tables for

Retrospective Review of Surgery for Urogynaecological Prolapse and Stress Urinary Incontinence using Tape or Mesh: Hospital Episode Statistics (HES), Experimental Statistics, April 2008 - March 2017

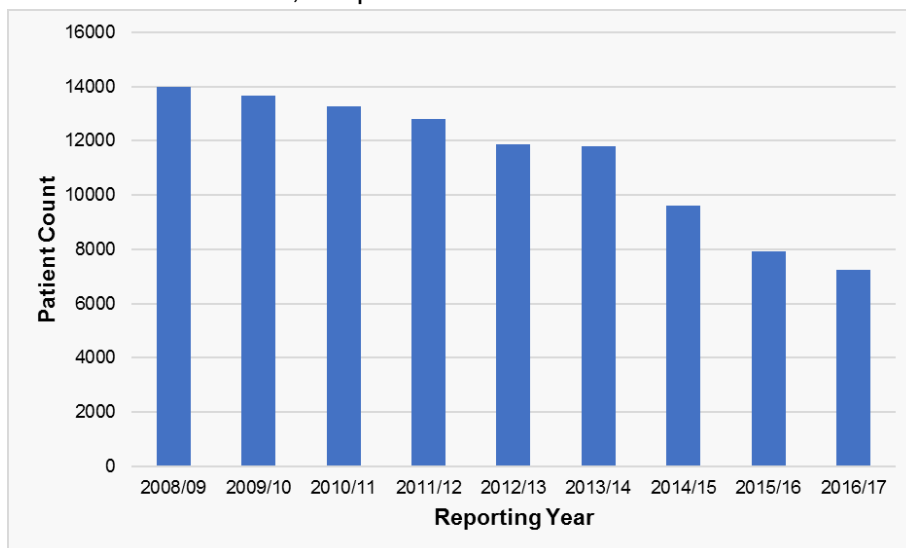
See: <https://digital.nhs.uk/catalogue/PUB30267>

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1. SUI (tape) mesh procedure 2008/09 to 2016/17

1.1 procedures

- 100,516 patients had a reported tape insertion procedure for SUI.
- In 2016/17 there were 7,245 patients who had an insertion a reduction of 48% from 2008/09 when 13,990 patients were recorded.



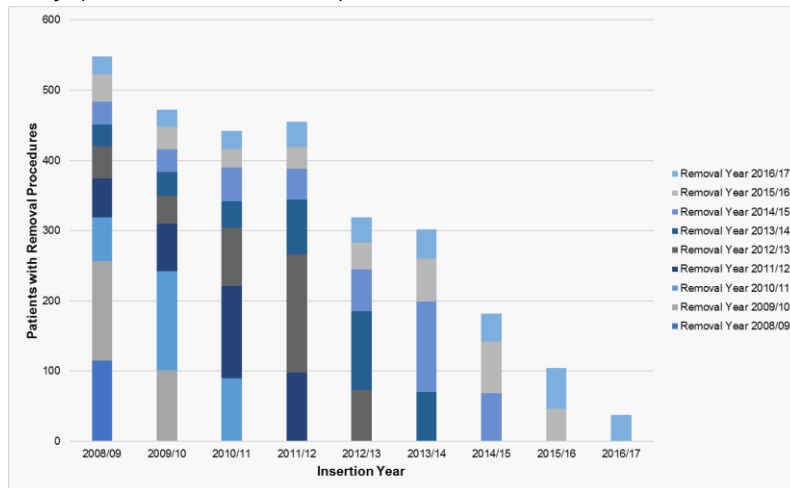
1.2 Treatment of Stress Urinary Incontinence (SUI) insertion activity By Year

Time	Rates er 1000	Comments
Within 30 days	1.2 to 1.7 per 1000 patients	
30 days to 1 year	7.3 to 10.2 per 1000 patients	2008/09 10.2 20015/16 7.3
Total over 8 years	39.3 per 1000 over 9 years follow up* for those with insertion in 08/09	548/13,990 patients have had removal (see figure 4 page 16) and table 3 in the full report.

*Numbers are 567/13990 (40.5 per 1000) including the 19 procedures counted in 2017-18 (see excel sheet table 4)

[Retrospective Review of Surgery for Vaginal Prolapse and Stress Urinary Incontinence using Tape or Mesh April 2008 to March 2017 - Data Tables \[224.02KB\]](#)

Figure 4: Count of patients with insertion in the treatment of SUI indicating removal 30 days after the insertion date, by insertion procedure year and by year removal procedure activity (2008/09 to 2016/17)



(The number of removal years available decreases in the more recent insertion years, which accounts for the decrease in the slope)

1.3 Outpatient attendance: Appendix D Table A (page 36)

Table 1.3. The rate of outpatient attendances with mesh (tape) Insertions for SUI done in the 2008/09 cohort (n=13,990)

Treatment speciality	Average nos of appts required every year per 1000 women with SUI insertion done in 2008-09	Total nos of appts DONE over the 9 year period for 13,990 women (rate per person) See Excel sheet 5B:
Colorectal, General Surgery And Gastroenterology	230	28,496 (2.0)
Gynaecology	340	43,040 (3.1)
Pain management	70 - the trend for it to be higher in later years (90 per year)	8906 (0.64)
Rehabilitation, Physiotherapy and Occupational Therapy	230 years (320 per year)	28,407 (2.0)
Trauma and Orthopaedics	380 - the trend for it to be higher in later years (440 per year)	47,426 (3.4)
Urology	110	14,473 (1.0)
Other	400 trend for it to be higher in later years (530 per year)	49,870 (3.6)
All		220,618 (15.8)

Outpatient attendances relating to Gynaecology and Urology the 1st appointment is excluded, when it occurred within 3 months of the insertion procedure, to allow for the routine post-operative appointment

1.4 Outpatient appointments comparison between the mesh and non-mesh group for women with SUI procedures done in 2008/09

(see table 5b and 5d in the excel sheet)

Treatment speciality outpatients numbers	Total nos of appts in 13990 women with SUI mesh insertion done in 2008-09 (%)	Total nos of appts in 141 women with SUI non-mesh procedure done in 2008-09 (%)	Odds ratio for comparison number > 1 indicates a worse outcome for mesh group (95% CI and p-value)
Colorectal, General Surgery And Gastroenterology	28,496 (204%)	480 (340%)	0.60 (0.50 to 0.73, p <0.0001)
Gynaecology	43,040 (308%)	476 (338%)	0.91 (0.75 to 1.10, p =0.34) NS
Pain management	8906 (64%)	225 (160%)	0.40 (0.32 to 0.49, p <0.0001)
Rehabilitation, Physiotherapy and Occupational Therapy	28,407 (203%)	264 (187%)	1.08 (0.88 to 1.33, p =0.77) NS
Trauma and Orthopaedics	47,426 (339%)	493 (350%)	0.97 (0.80 to 1.17, p =0.74) NS
Urology	14,473 (104%)	598 (424%)	0.24 (0.20 to 0.29, p <0.0001)
Other	49,870 (357%)	576 (409%)	0.87 (0.73 to 1.05, p=0.15) NS
Total	220,618 (1577%)	3112 (2207%)	0.72 (0.60 to 0.85, p =0.0001)

2. Prolapse mesh procedure 2008/09 to 2016/17

2.1 procedures

- 27,016 patients had a reported mesh insertion procedure for prolapse.
- In 2016/17 there were 2,680 patients who had mesh prolapse procedure, a reduction of 13% 2008/09 when 3,073 patients were done.

2.2 Treatment of Prolapse insertion activity By Year

Within 30 days	3 reported readmissions	
30 days to 1 year	1.8 to 3.9 patients per 1000	2008/09 3.9 2015/16 1.8
> 1 year	0.7 to 1.3 patients per 1000	

Total over 8 years	17.6 per 1000 over 9 years follow* up for those with insertion in 08/09	53/3,073 patients have had removal (see figure 9 page 24) and table 8
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*Numbers are 61/3,073 (19.9 per 1000) including the 8 (rate 2.6 per 1000 insertions in year 10) additional removal procedures counted in 2017-18 (see excel sheet table 4)

- Trauma and Orthopaedics outpatient attendances in the year after the procedure in 2009/10 were 380 outpatient attendances for every 1000 patients. By 2016/17 this had increased to 460 attendances for every 1000 patients.

2.3 Outpatient attendances with PROLAPSE: Appendix D Table C (page 36)

Table 2.3. The rate of outpatient attendances with mesh (tape) Insertions for prolapse done in the 2008/09 cohort (n =3,73)

Treatment speciality	Average nos of appts required every year per 1000 women with prolapse insertion done in 2008-09	Excel sheet 5a: Total nos of appts over the 9 year period done for 3,073 women (rate per person)
Colorectal, General Surgery And Gastroenterology	270	7,569 (2.5)
Gynaecology	410	11,340 (3.7)
Pain management	70	1,867 (0.61)
Rehabilitation, Physiotherapy and Occupational Therapy	240 - the trend for it to be higher in later years (280 per year)	6,645 (2.2)
Trauma and Orthopaedics	410 trend for it to be higher in later years (460 per year)	11,336 (3.7)
Urology	80	2,189 (0.71)
Other	400 trend for it to be higher in later years (500 per year)	10,987 (3.6)
All		51933 (16.9)

See Appendix D: Outpatient attendance Table C (page 38)

Outpatient attendances relating to Gynaecology and Urology 1st appointment is excluded, when it occurred within 3 months of the insertion procedure, to allow for the routine post-operative appointment

In many subsequent years average outpatient attendance was higher (e.g., 790 per 1000 for gynaecology outpatient attendance in 2016-17 for the 2015/16 insertion group)

2.4 Outpatient appointments comparison between the mesh and non-mesh group for women with prolapse procedures done in 2008/09 n =3,073

(see table 5a and 5c in the excel sheet)

Treatment speciality outpatients numbers	Total nos of appts in 3,073 women with	Total nos of appts in 8,338 women with	Odds ratio for comparison number > 1 indicates a worse
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	prolapse mesh insertion done in 2008-09 (%)	prolapse non-mesh insertion done in 2008-09 (%)	outcome for mesh group (95% CI and p-value)
Colorectal, General Surgery And Gastroenterology	7,569 (246%)	16,320 (196%)	1.26 (1.20 to 1.32, P<0.0001)
Gynaecology	11,340 (369%)	19,660 (236%)	1.56 (1.49 to 1.64 P<0.0001)
Pain management	1,867 (61%)	3,622 (43%)	1.40 (1.20 to 1.50, P<0.0001)
Rehabilitation, Physiotherapy and Occupational Therapy	6,645 (216%)	14,896 (179%)	1.21 (1.15 to 1.27, P<0.0001)
Trauma and Orthopaedics	11,336 (369%)	25,001 (300%)	1.23 (1.17 to 1.29, p<0.0001)
Urology	2,189 (71%)	4,463 (54%)	1.33 (1.24 to 1.42, p<0.0001)
Other	10,987 (358%)	25,722 (309%)	1.16 (1.11 to 1.12, p <0.0001)
total	51,933 (1690%)	114,461 (1373%)	1.23 (1.18 to 1.29, P<0.0001)

Limitations

- Unable to determine from the recording of any procedure whether this has been the first such procedure for a patient or is the latest in a series of procedures
- Rates of attendances for outpatient visits for the same Treatment Function Codes are also reported for similar age and gender in the wider general population for the year 2016/17
- Reporting of the primary diagnosis is not mandatory in the HES outpatient's dataset, the numbers of records with valid entries in these fields remain low in 2016/17 **only 4.9% of attended appointments** had a main diagnosis recorded
- A patient assigned different procedure codes within the same hospital episode will appear only once, and is assigned their grouping according to the following hierarchy: mesh procedure for prolapse > tape procedure for SUI > non-mesh procedure for prolapse > non-tape procedure for SUI. However, the analysis may not identify when a single patient has multiple eligible index procedure codes between different hospital episodes. As such, a patient assigned different procedure codes in different episodes may appear as multiple different data points in the analysis.

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Competing interests

Carl has received expenses and fees for his media work including BBC Inside Health. He holds grant funding from the NIHR, the NIHR School of Primary Care Research, The Wellcome Trust and the WHO. He has also received income from the publication of a series of toolkit books published by Blackwells. CEBM jointly runs the

[EvidenceLive](#) Conference with the BMJ and the [Overdiagnosis Conference](#) with some international partners which are based on a non-profit model. He is a member of the All Parliamentary group on Mesh. I've written reports for lawyer groups but not taken any money for this activity