

## PARLIAMENTARY BUREAU

### COMMITTEE REQUEST TO MEET DURING PLENARY

#### Introduction

1. The Parliamentary Bureau is invited to consider a request from the Citizen Participation and Public Petitions Committee to meet at the same time as Portfolio Questions on Thursday 12 May 2022. The purpose of this meeting is to hold an evidence session with the Chief Surgeon of Shouldice hospital in Canada, who can only be available at 1pm on that date (8am Canadian time). The Committee requires to hear from the Chief Surgeon in advance of the scheduled evidence session with the Minister for Public Health, Women's Health and Sport and the Chief Medical Officer (CMO), on 1 June 2022.

#### Background to Request

2. The Committee has been considering petition PE1865: which calls on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while a review of all surgical procedures which use polyester, polypropylene or titanium is carried out and guidelines for the surgical use of mesh are established.
3. The Committee last considered the petition on 2 February 2022, having written to the Minister for Public Health, Women's Health and Sport and to Shouldice hospital in Canada, as the leading experts in natural tissue repair.
4. In its submission, Shouldice hospital provided a detailed response on their practice, their views on the benefits of natural tissue repair, and the complications in using mesh. The petitioners have welcomed the information contained in the Shouldice hospital submission and have asked for further information to be sought on the use of protacks [devices used to fix mesh to soft tissue]. They also identified issues around the purchasing and cost/benefit of using hernia mesh and other fixation devices and the accurate and systematic recording of the effects of this material on patients.
5. The Committee has agreed to invite the Minister for Public Health Women's Health and Sport and the Chief Medical Officer, to give further evidence to the Committee, providing an update on current work streams (including those being led by the CMO) and seeking a view on the submission from Shouldice hospital, and the concerns raised by the petitioner.
6. The Committee has also agreed to take evidence from the Chief Surgeon at Shouldice hospital in advance of the meeting with the Minister and the CMO. This is necessary to explore the issues raised in their submission in greater detail as understanding best practice and the issues around the use of hernia

mesh and other fixation devices vis a vis natural tissue repair will be critical in informing the discussion with the Minister and the CMO and in the Committee being sufficiently informed in coming to a view on what further action is needed.

7. The clerks have explored the options to meet the Chief Surgeon of Shouldice hospital within the Committee's usual meeting slot and have explored alternative dates and times, including meeting in the evening, however, due to the time differences and the commitments of the Chief Surgeon, unfortunately that has not been possible.

### **Decision**

8. Business Managers are therefore invited to consider the Citizen Participation and Public Petitions Committee's request and to recommend to the Parliament that the Committee be given permission to meet at the same time as the Chamber during Portfolio Questions on Thursday 12 May.

**Parliamentary Business Team  
May 2022**

13. The Committee had written to Shouldice Hospital, Canada, as a leading expert in the practice of natural tissue hernia repair. Shouldice were also pioneers in the investigating the use of Surgical Mesh back in the 1980s. The hospital chose not to pursue its use unless it was absolutely necessary to do so. This currently equates to less than 2% of all cases.

14. The submission explains that Shouldice Hospital specialises exclusively on abdominal wall hernia repair and therefore its response should be interpreted based on that surgical focus. This means that the responses given may not be relevant, or fair, to other surgical procedures where Surgical Mesh may have a different risk profile.

15. The submission explains that where the body's natural tissue is strong enough to support the surgical repair, natural tissue repair should always be used. This is in lieu of introducing a "foreign body" (Surgical Mesh) that may cause unwanted, and needless, post-operative complications. Specific to abdominal wall hernia repair, it is important to understand that this comprises "Groin" hernias (Inguinal and Femoral) and "Ventral" hernias (Incisional, Epigastric and Umbilical).

16. Shouldice believes that natural tissue repair should be the first choice for all primary Inguinal hernias, most recurrent Inguinal hernias, most Femoral hernias, most Epigastric and Umbilical hernias, and small Incisional hernias. Where the underlying patient tissue is poor or minimal, Surgical Mesh may be necessary in some Femoral and large Incisional hernia repairs. Even then it should be used as a last resort, not a default. At Shouldice Hospital all surgeons are trained to do a natural tissue repair as their first choice.

17. The submission explains that surgical mesh was introduced into hernia surgery in the 1980s to reduce the number of recurrent hernias and it became the default method of hernia surgery in Canada. Five decades later, the recurrence rate for inguinal hernia repair (over 85% of most hernia surgery) has not improved has resulted in a staggering increase in post-operative complications that were not generally seen prior to its introduction.

18. Looking specifically at hernia recurrence, the Shouldice submission explains that papers published on hernia recurrence rates may be unreliable given poor patient follow up and an unrealistic definition of "recurrence". Shouldice firmly believe a hernia repair should last a life-time. The submission raises the point that prior to the introduction of Surgical Mesh there was virtually no mention of post-operative pain in any medical literature. Now, chronic and debilitating pain, along with other severe complications, associated with mesh use such as mesh shrinkage, mesh migration, and related nerve entrapment are widespread.

19. In comparison, the submission explains that in terms of "side effects" a huge advantage of Tissue Repair, done right, is that there are none. This is essentially because you use the body's natural tissue as the basis for the hernia repair. This means the well-known "foreign body reaction" in response to the implanted Surgical Mesh is avoided.

20. In their experience, Shouldice explain that instances where natural tissue repair have been unsuccessful can be attributed to surgeon experience and competence. Shouldice states that for a Tissue Repair to be successful it requires a thoughtful and complete dissection of the groin area. Shouldice believes most general surgeons have a poor understanding of the complexity of the human groin because typical surgical training does not focus on this area.

21. The submission explains that Shouldice does use Surgical Mesh when it is required due to the state of the underlying tissue being unable to support the hernia defect's repair. This equates to less than 1 % of all Groin repairs and up to 5% in large Femoral and Ventral hernias (less than 2% on average).

22. With regard to the duration of training for surgeons on the natural tissue technique, the submission explains that this depends on the experience of the Surgeon, and ranges from 3 months for an experienced Fellowship General Surgeon, to 6 to 9 months for an inexperienced General Surgeon. Shouldice believe it is simpler, and quicker, to train a General Surgeon to do a Mesh based hernia repair using the open technique but with the costs of complications and poorer surgical outcomes, it should not be the reason why surgical mesh is used as much as it is.