

TVM MESH CLINIC REQUIREMENTS

The beginning of a mesh injured woman's journey to healing, needs to reflect a deep compassionate understanding of where she has come from and that she needs help.

Goals

- Create a safe space for mesh injured women
- Help and support women emotionally and practically
- Re-establish mesh injured women's faith in the medical system
- Offer high standard of transparent care at all times
- Care is to be tailored to individual needs of each woman
- Develop a consistent programme to be replicated in each state/territory across Australia
- Acknowledge the many losses associated with mesh injury - health & wellbeing, jobs and careers, the financial hardship suffered, loss of sanity and the need to find some peace and acceptance.

Intake

In order to engage women, trauma trained counsellors/social workers need to do intake, preferably in the home of a woman to capture an understanding of her life and to reduce the trauma associated with attending medical appointments and hospitals and allow space for a woman to "tell her story" – could be phone or skype also. N.B. Some mesh injured women are housebound.

All Clinics require the following:

- ❖ Need to be multidisciplinary in their approach (see diagram)
- ❖ Medicare funded
- ❖ A 1 "stop shop". Able to provide multiple appointments (same day) for women who have to travel to attend the clinic
- ❖ A support person (Intake person preferably for continuity of care and support) to attend ALL appointments within the clinic if required/desired
- ❖ Be transparent in their skill set (refer interstate if necessary – e.g. Canberra refers to Sydney for removal surgery)
- ❖ Accept interstate patients and source/provide funding for travel and accommodation.

Services

- 3D4D ultrasound diagnostics to be performed in real time with treating specialist present
 - Continence aids, prescriptions & mobility and assistance aids supplied & funded
 - Mesh alternatives available (pessary, Botox etc.) –
 - Native tissue repair surgery available post removal
 - Interstate travel funding - patient assisted transport provided prior to attendance.
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Clinicians

ALL health care professionals require the following:

- A broad understanding of the history of mesh and its overuse
- To have listened to multiple women's stories to understand the complexity and variety of issues suffered by mesh injured women
- Have attended trauma training to support their work and their mesh injured patients (NOT JUST 1 DAY WORKSHOPS)
- Commit to working with an open and inquisitive mind and be willing to work collaboratively with Doctors internationally
- A willingness to listen and hear every woman's concerns for her health and treat them accordingly
- Commit to reading a patient's file in full prior to their appointment
- Show willingness to acknowledge each woman attending the clinic is experiencing multiple devastating complications as a result of mesh.

Post-Removal of Mesh

- Continence nurses to keep in daily contact with women post-surgery for as long as necessary
- Removal surgeons to be "on call" & available post-surgery for women's needs/support
- Rehabilitation therapy post-surgery for as long as necessary
- Access to psychological support as and when required
- Follow up until end of life for those that require lifelong care due to their sustained injuries.

LONG TERM COMMITMENT TO MESH INJURED WOMEN

- Intensive and consistent follow up for women needing life-long care
- Commitment to support change in medical system to avoid a disaster like this one ever happening again
- Support to rebuild their lives or manage their outcomes effectively
- Intensive and long-term psychological support in the forms of talk therapy, support group facilitation, residential treatment programmes (Quest For Life) available
- Simplifying the administrative & complaints process and ensure consumer co-design in all mesh injured services.