

Urogynecology

THE OREGON CLINIC
Urogynecology

Rebecca Batalden, MD
Sarah Boyles, MD
Mary Anna Denman, MD
Shannon Donegan, PA-C
Laura Epton, PA-C
Kathryn Hill, WHNP-BC

Urogynecology - East
5050 NE Hoyt St, Suite 222
Portland, OR 97213
503.297.4123
Fax 503.297.0344

Urogynecology - West
9155 SW Barnes Rd, Suite 634
Portland, OR 97225
503.297.4123
Fax 503.297.0344

www.oregonclinic.com

To Our Patients,

We would like to address concerns or questions you may have regarding the recent CBS 60 Minutes episode on gynecologic mesh. We realize the presentation was startling and the information upsetting to many. We want to take this opportunity to discuss the issues raised by the show.

This television report focused on changes in the supply chain and manufacturing process of one company. This information was gathered as part of a plaintiff's lawsuit against that particular company. The information presented by the plaintiff's lawyers suggested a defect or even black market activity in surgical mesh production. An FDA investigation determined the change in supplier did not adversely affect the safety and/or efficacy of the product. We have no reason not to trust the outcome of their evaluation. We also have no reason to feel the mesh currently marketed for treatment of pelvic prolapse or incontinence is defective or poses a danger to our patients. Polypropylene mesh, the type discussed in the 60 Minutes segment, was first used in 1958 and continues to be used today in pelvic reconstruction, hernia repairs, sutures, and other applications without evidence of harmful degradation or biochemical instability.

As urogynecologists, we pride ourselves on offering our patients a full range of non-surgical and surgical treatments for pelvic floor conditions. If surgery is required for pelvic prolapse or stress urinary incontinence, we feel that offering choices is important for our patients. We are confident in the safety and efficacy of the mesh-augmented repairs as well as the non-mesh repairs we offer. We want to emphasize there is no universally accepted "best" procedure for these conditions, and we follow our patients' outcomes to ensure quality. Having safe, effective treatment options is central to comprehensive treatment of pelvic floor disorders.

We emphasize that there are no concerns about mesh that has been used in prior prolapse or incontinence surgeries. Women should not have their mesh removed unless they are experiencing problems directly related to their mesh material as determined by their surgeon. As board-certified FPMRS surgeons, we will continue to base our practice on objective, science-based evidence to provide you with the best care possible.

Sincerely,

Sarah H Boyles, MD
Rebecca Batalden, MD
Mary Anna Denman, MD