

MIKLOS & MOORE

UROGYNECOLOGY

Thank you for your interest in Miklos & Moore Urogynecology.

Dr. Miklos is an internationally renowned surgeon who has removed more than 1,000 pieces of vaginal mesh in his career, with the majority of mesh removal performed for vaginal pain, pelvic pain, groin pain, abdominal pain, leg pain and painful intercourse.



Dr. Miklos has written one of the world's largest papers on mesh removal with **504 pieces of mesh removed in 3.5 years** and has more experience in mesh removal compared to 99.9% of other urologist, urogynecologists or gynecologic surgeons.

Dr. Miklos specializes in **complete (>95%) mesh removal**, especially in patients who have received:

- Transvaginal Mesh (TVM) for vaginal prolapse
- Retropubic slings (TVT slings)
- Transobturator slings (TOT slings)
- Single incision slings (SIS slings)
- Sacrocolpopexy mesh



Transvaginal Mesh – when removing transvaginal mesh most surgeons will only remove mesh which is extruding through the vaginal skin or simply cut the mesh to lessen the tension of the mesh. Dr. Miklos will offer you the surgery which will **remove the maximum amount of mesh** and give you the best results. This sometimes requires removing the body of mesh (80%) and other times it requires removing the body of mesh as well as the arms. (Note: many transvaginal mesh no longer have arms.)

Synthetic Slings – most surgeons will only remove mesh when it extrudes through the skin and sometimes (*but rarely*) this is the right surgery. **Dr. Miklos will remove the whole vaginal portion of the mesh**, which is usually between 5-6 cm of mesh in length. However, if a patient suffers from other types of pain, depending on the type of sling, he will remove the maximum amount of mesh which will give you the best results.

	Vaginal Pain Only	Lower Abdominal/Groin/Leg Pain
TVT Sling	5-6 cm removed	14-24 cm of mesh removed
TOT Sling	5-6 cm removed	10-16 cm of mesh removed
Single Incision Slings	5-6 cm removed	6-9 cm removed

Sacrocolpopexy Mesh – most surgeons would never dream of removing the sacrocolpopexy mesh, but Dr. Miklos has a 99% chance of removing the mesh through miniature incision, i.e. laparoscopically. Dr. Miklos has removed more than 100 of these meshes with only one patient having a bowel injury.

SURGICAL RISKS:

The risk of surgery is only as good as the surgeon performing the surgery. There is no surgeon who can guarantee the surgery is without risk. Thus, it is important to choose a surgeon with experience, expertise, and knowledge of mesh removal. The surgical risks in Dr. Miklos' hands are rare but they can occur. Dr. Miklos' injury rates are below:

Urethral Injury	<1%	Ureteral Injury	<1%
Bowel Injury	<1%	Blood Transfusion Rate	<1%
Bladder Injury	<1%	Fistula Formation	<1%

SURGICAL SUCCESS:

Usually, surgical success is defined by the patient, i.e. is the pain cured? Improved? The same? Worsened? Surgical papers on mesh removal suggest:

Cured / Improved	60%
Pain Remains the Same	20%
Pain Worsened	20%

The only thing Dr. Miklos can do is remove the mesh, no surgeon can guarantee the pain will go away with mesh removal and any surgeon who gives this guarantee should probably be avoided.

It has been Dr. Miklos' experience with patients who have pain only during sex (dyspareunia) these patients tend to do the best after mesh removal. Patients who have pain with sex and have pain with some activities but do not have chronic unrelenting pain tend to also fair very well but not quite as good as the above patient. Patients who have chronic, continuous pain and it never lets up are the patients that have the poorest results. That does not mean these patients will not improve or get dramatically better. The only way a patient will know is by removing the mesh.

MESH WARNINGS:

MESH WARNING #1: If you are having pain with or without sex, remove the mesh as soon as possible!! The longer the mesh remains the more inflammation, scar tissue, contraction of the mesh and nerve damage.

MESH WARNING #2: Use a surgeon with experience! Cutting the mesh and removing little pieces of the mesh makes it harder if not impossible to remove the whole mesh in the future.

Be especially careful with TOT i.e. transobturator slings and transvaginal mesh (TVM).

Remove as much as possible with one surgery.

MESH WARNING #3: Ultrasounds are not necessary to identify the mesh. Ultrasounds are honestly a waste of your money. I ask you one question: Why do an ultrasound or any test unless it will change the surgeon's plan of management?

In other words, if you go to the surgeon with pain, doing the ultrasound never changes their plan of treatment. If you have pain the options are: anti-inflammatory medications, steroid injections, physical therapy or remove the mesh. Doing the ultrasound is not going to change the surgery. You know the mesh is there, why are you getting the ultrasound? To tell you the mesh is there? You already know it is in your body.

Note: there are rare circumstances where a single ultrasound might be helpful, but these are rare circumstances.

MESH WARNING #4: If your pain is severe immediately after the implant for longer than 1 week you should consider removing the mesh as soon as possible.

COMMON SENSE:

If you get a piece of mesh in your eye, do you go to physical therapy (i.e. massage the pain and irritation away)? Probably not as this will inflame the tissue and make your pain worse. This is what the average doctor will tell you to do. Do you inject it with corticosteroids (anti-inflammation medication) or do you remove the mesh from your eye first? Removing the irritant and then consider steroid eye drops with gentle massage (to reduce the inflammation)?

There are very rare times that physical therapy and corticosteroids might work before surgery, but they have never been proven. Sometimes common sense is more important than theoretical science.

Patient Testimonial - Mesh Removal by Dr. John Miklos

"After 4 years of debilitating pelvic pain, having bladder mesh sling implant surgery, I sought out & researched extensively for a solution; few doctors/surgeons are willing to deal with this issue. My search brought me to Dr. Miklos in Atlanta, GA. I was able to see him within a couple of weeks for a consult & flew to Atlanta. His expertise is beyond measure & I left his office with confidence and resolve. The mesh was successfully removed & I am without pain! Ecstatic to have my life back!"

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