PE1517/RRRR
Dr Wael Agur submission of 8 February 2021

The evidence heard by the committee from Dr Dionysios Veronikis confirms Ministers facilitated the visit to provide surgical and training services in Scotland.

However, The Service itself, clinicians and managers, did not appear very keen on such visit. The employment contract, necessary to obtain GMC registration and practice in Scotland was, therefore, not issued.

It is common for surgeons to visit each other and learn new techniques. I had been involved in inviting a US surgeon to a hospital in England over 10 years ago. The GMC issued temporary registration for the visiting surgeon within only 3 weeks of receiving the employment contract from the inviting hospital. The GMC procedures have hardly changed since. There was willingness of the inviting surgeons to learn a new technique. There were no involvement of Ministers or Parliamentarians in such a pure clinical visit.

It is expected that The Service would feel uncomfortable with a highly experienced surgeon operating in-house. The Service is currently the subject of complaints by some of the mesh-affected women who subsequently found out, after receiving removal surgery, that their mesh devices were not completely removed. It is clear that the surgical skills are inadequate in this respect, at least for some devices. The First Minister ordered a review of this communication matter in November 2019.

Medical Officers were expected to reassure and support The Service in developing the necessary surgical skills by collaborating with Dr Veronikis. They were also expected to support The Service by moving the focus away from the anxieties and into the real benefits to the mesh-injured women by such visit from a highly-skilled surgeon. Instead, some Medical Officers appear to have treated Dr Veronikis in a degrading way. This is regrettable. It is not the way to treat someone who kindly offered to help.

Treatment Pathways available to mesh-injured women in Scotland

I suggested the development of a Care Pathway for the mesh-injured women to the West of Scotland Group in Spring 2018 and subsequently contributed to its development within the team. While still in draft form, this is currently the most comprehensive Care Pathway for mesh-injured women in Scotland and is being considered by Government officials for national use.

Here are some key points to ensure success of the Pathway

1. All mesh-injured women seeking treatment are to be offered entry **to the Care Pathway**, regardless of whether mesh removal surgery will be subsequently requested. A woman's wish to decline entry, however, should be respected and a second opinion is sought via an out-of-country Referral Pathway.

2. Women should be offered **attendance to the section of the mesh MDT** (Multi-Disciplinary Team) meeting where their conditions are being discussed. At least some women would appreciate such invitation. In some cases, women's views are best to be directly communicated to the mesh MDT members.

3. If a shared decision is made with mesh MDT members for mesh removal surgery, women must have a **choice of the total removal surgery**, where appropriate. Women are to

weigh the advantages and disadvantages of total and partial removal surgery. The draft Patient Decision Aid (published within PE1517/KKKK) was developed in Scotland by expert patients and clinicians and should be considered by The Service.

4. If total removal surgery is mutually agreed, the woman must have the **choice to undergo surgery by a surgeon she trusts**, even if outside the country. A woman's wish to be considered for treatment other than that recommended by the MDT will be respected and a second opinion is sought via an out-of-country Referral Pathway.

Care options that should be offered to patients who want to have their mesh implants fully removed

Total Removal Surgery in Scotland

This option should be made available to women whose mesh device can be removed in Scotland. An example would be the vertical (retropubic) mesh device, where the surgical technique required for total removal is less demanding and the in-house skills are adequate. It is unlikely that a woman requesting total removal of a vertical (retropubic) device would be better off to seek an out-of-country referral. However, this device was not the most commonly used in Scotland. Therefore, the women where the mesh MDT members will be confident in total removal of their devices are expected to be a minority.

Total Removal Surgery outside Scotland

For most other deeply embedded mesh devices, I do not expect the mesh MDT members to be confident that the surgical skills are adequate for total device removal, in a safe and effective manner. Until The Service builds expertise and trust in this area, a funded out-of-country Referral Pathway to the US or to England should be put in place for women who wish to use it.

It does appear the opportunity for the US surgeon to operate and train in Scotland has been missed. Teamworking with The Service, an essential component for patient safety around surgery, appears irretrievable.

In the meantime, The Public Petition Committee may consider the following suggestions to help build expertise and trust in The Service.

- Describing a **supervised surgical training programme** by which the mesh removal surgeons plan to develop their technical skills in this emerging field.

- Publishing the learnings, reflections and the **outcome of the visit to US** (St Louis, Missouri and Cleveland Clinic, Ohio) in 2019 by the 'International Recruitment Team' that included the Chief Medical Officer at the time. Which service or skill is to be incorporated into practice in Scotland? Were arrangements put in place for mutual return visits? Important to ensure the Team visit to US provided good value.

- Partnership with the expert mesh-affected women, the petitioners themselves, in further development of the **Care Pathway, the Patient Information Leaflet and the Patient Decision Aid.** Clinical leadership in Scotland in this respect will be achieved by partnership with our patients, rather than by following similar developments in England, which may or may not be applicable north of the border.