AGSC

Advanced Gynaecological Surgery Centre
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TiLENE Mesh

1. It is a lightweight, finely woven, polypropylene with a 2 micron coating of titanium – this makes it relatively inert. The old vaginal meshes were heavier and course (rough) multifilament prone to mesh exposure (erosion).
2. This thin coating of Titanium means that TiLENE causes very little local inflammatory response (lasting a few months) and does not cause any symptoms. In contrast, chronic inflammation was an issue with the old vaginal meshes and those with mesh exposure frequently had bleeding, discharge, or painful sex.
3. The thin coating of Titanium also means there is much less risk of shrinkage – whereas the old vaginal meshes could shrink by up to 20% causing local contractures/scarring and potentially discomfort/pain and painful sex. Our extensive experience shows that this does not happen with TiLENE.
4. Minimal risk of mesh exposure- about 2-3%, but this compares with 15-40% (or more) with the old vaginal meshes and can be reduced even further by long term use of local estrogen (Ovestin cream or Vagifem Low 3 x week). Both of these products are very safe and can still be used EVEN if you have had breast cancer. If a subtotal hysterectomy is performed during your procedure (conserving the cervix) the long term risk of focal mesh exposure reduces to < 1%.
5. Minimal pain from Robotic mesh sacrocolpopexy. Most patients only need Panadol and Voltaren suppositories, and occasional Tramadol or Tapentadol in hospital and can safely go home after 1-2 nights in hospital.
6. Mesh Sacrocolpopexy procedures have approximately 90-95% success. In contrast, women undergoing repeat “native tissue” vaginal repair (sutures only) who also have evidence of pelvic floor damage clinically and on 3D/4D ultrasound scan could expect only 50-70% success.