Mesh associated pain is predominately neuropathic with mixed nociceptive and nociplastic pain components: multi-modal therapies are likely to be the most effective treatment

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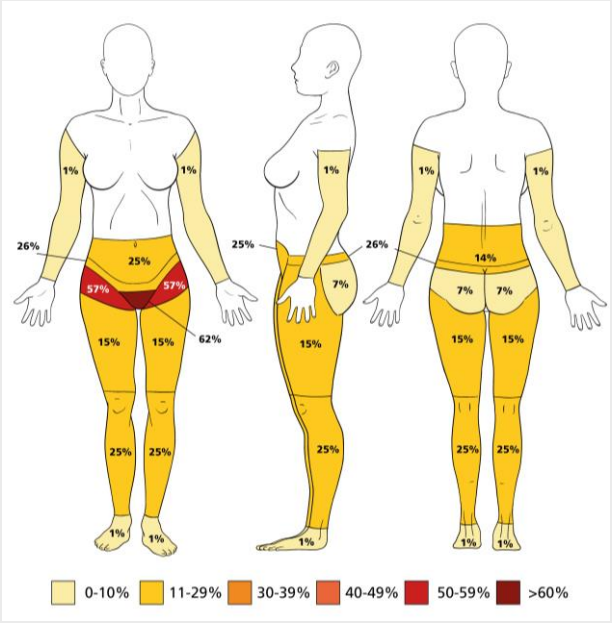
Background

Mesh Associated Pain Syndrome (MAPS) is the commonest complication of continence mesh devices. This study attempts to define the pain mechanisms of MAPS.



Methods

We mapped pain locations of 280 women with MAPS and analysed 142 Pain DETECT Questionnaires (PDQ). Functional ability, Quality of Life (QOL) and mental wellbeing were explored using the EuroQol 5-Dimension (EQ5D) and WHO-5 Wellbeing score.

Results

Pain was neuro-anatomically distributed consistent with neuropathic PDQ scores. 2% of patients had distant pain suggestive of nociplastic pain. Patients had multi-dimensional pain burden affecting functional ability, QOL and mental well-being.

	Total n=142 mean (%) ± SD	Retropubic (n=69) mean [SD]	TOT n=73 (%) mean [SD]	P value
Nociceptive pain	31 (22%)	18 (26%)	13 (18%)	0.31
Ambiguous pain	33 (23%)	17 (25%)	16 (22%)	0.84
Neuropathic pain	78 (55%)	34 (49%)	44 (60%)	0.24
VAS pain	7 ± 2.2	6 ± 2.3	7 ± 2.1	0.97

Implications

These findings suggest MAPS to be of predominately neuropathic with mixed nociceptive and possible nociplastic phenotype. Multimodal treatment rather than purely surgical or pharmacological are likely to be most effective at managing this pain.