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## Patient Information Leaflet

# USE OF DONOR FASCIA IN PELVIC FLOOR SURGERY

### Introduction

This leaflet provides information about the use of donor fascia (allograft fascia) to correct prolapse or urinary incontinence. It is intended to help you understand why donor fascia is used, its potential benefits, risks, and available alternatives.

### What is Donor Fascia?

Donor fascia is a sheet of strong connective tissue obtained from a deceased tissue donor who has consented to tissue donation.

The tissue is:

- Carefully screened
- Tested for infectious diseases
- Processed according to strict tissue banking standards
- Supplied by licensed tissue banks

The donor fascia acts as a biological graft that is used to support either the vaginal vault, uterus or bladder neck depending on the procedure undertaken.

### Why Might Donor Fascia Be Used Instead of Synthetic Mesh?

Traditionally some surgical procedures for prolapse (Sacrocolpopexy/Sacrohysteropexy) are performed using synthetic polypropylene mesh. (Mesh is no longer used for the surgical treatment of stress urinary incontinence). Some patients and surgeons may prefer a biological graft such as donor fascia.

Reasons may include:

- Desire to avoid permanent synthetic mesh
- Previous complications with synthetic mesh
- Concerns regarding mesh exposure or erosion
- Individual surgical considerations
- Patient preference after discussion of risks and benefits

### What Are the Potential Advantages of Donor Fascia?

#### **Biological tissue**

Donor fascia is natural human tissue that may become incorporated into your body's tissues during healing.

#### **No permanent synthetic implant**

Some patients prefer not to have permanent synthetic mesh implanted.

#### **Reduced risk of mesh exposure**

Synthetic mesh can occasionally become exposed through the vaginal lining. Donor fascia may reduce this specific risk because it is biological tissue.

#### **Reduced risk of chronic foreign-body reaction**

Biological grafts generally produce less long-term foreign-body response than synthetic materials.

#### **Suitable for selected patients**

Donor fascia may be particularly useful in patients who have had previous mesh complications or where synthetic mesh is considered less suitable.

### What Are the Disadvantages of Donor Fascia?

#### **Potential loss of strength over time**

Unlike synthetic mesh, donor fascia may gradually weaken, stretch, or be partially absorbed by the body.

#### **Higher risk of recurrent prolapse**

Because biological grafts can remodel and weaken over time, there may be a greater risk of prolapse recurrence compared with synthetic mesh in some patients.

#### **Variable durability**

Long-term support may not be as predictable as with synthetic mesh.

#### **Additional cost**

Biological graft materials may be more expensive than some alternatives.

### What Are the Risks of Using Donor Fascia?

#### **Graft failure**

The donor fascia may:

- Stretch
- Weaken
- Tear
- Fail to provide long-term support

This may result in recurrent prolapse symptoms.

#### **Graft infection**

Although uncommon, infection involving the graft can occur and may require antibiotics or, rarely, further surgery.

#### **Inflammatory reaction**

Some patients may develop local inflammation, pain, swelling, or discomfort associated with the graft.

#### **Scar tissue formation**

Internal scar tissue may develop around the graft and surrounding structures.

#### **Need for repeat surgery**

Further surgery may be required if:

- The prolapse recurs
- Symptoms persist
- Complications occur

### Is There a Risk of Disease Transmission?

Donor fascia is obtained from carefully selected donors and undergoes extensive screening and processing.

Safety measures include:

- Donor medical history assessment
- Testing for infectious diseases
- Tissue processing and preservation procedures
- Regulatory oversight by tissue banking authorities

The risk of transmitting infection or disease is considered extremely low but cannot be completely eliminated.

### What Are the Alternatives?

#### **Synthetic mesh (prolapse only)**

This remains the most commonly performed form of abdominal sacrocolpopexy/sacrohysteropexy worldwide.

Potential advantages:

- Excellent long-term durability
- Lower rates of recurrent prolapse in many studies

Potential disadvantages:

- Mesh exposure or erosion
- Chronic pain in a small number of patients
- Requirement for management of mesh-related complications if they occur

#### **Autologous fascia (prolapse and urinary incontinence)**

Your own fascia can be harvested from another part of your body.

Potential advantages:

- No risk of donor disease transmission
- Biological tissue

Potential disadvantages:

- Longer operation
- Increased postoperative pain
- Risk of donor-site complications

### Consent

Before surgery, your surgeon will discuss:

- Why surgery is recommended
- Why donor fascia is being considered
- The expected benefits and limitations
- Alternative surgical and non-surgical options
- Potential risks and complications

You should feel free to ask questions and ensure you understand your treatment options before deciding whether to proceed.

### Key Points

- Donor fascia is biological human tissue used to support the vagina, uterus or bladder neck during pelvic floor surgery.
- It avoids the use of permanent synthetic mesh.
- The risk of disease transmission is extremely low due to extensive donor screening and tissue processing.
- Donor fascia may have a lower risk of mesh-related complications but may be less durable than synthetic mesh.
- Recurrence of prolapse or incontinence and the need for further surgery remain possible.
- The most appropriate option depends on your individual circumstances and should be discussed with your surgeon.