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Day 18: Linda Gross v. Ethicon Surgeon Says Prolift Warnings Were Adequate

Feb 6th, 2013 | By Jane Akre | Category: Legal News



Ethicon attorney, Christy Jones

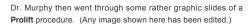
February 6, 2013 ~ On this Day 18 of the *Linda Gross v. Ethicon* trial, the defense team brought **Dr. Miles Murphy**, 42, to the stand for a second day. His testimony actually started Tuesday afternoon when attorneys for Linda Gross concluded her case.

Dr. Murphy is a urogynecologist practicing in Pennsylvania. He has worked for **Ethico**n as a consultant and in training other doctors in the use of **Prolift mesh**, the product Ms. Gross was implanted with in July 2006

Thanks to Courtroom View Network for access to this trial!

CLARIFICATIONS

Christy Jones of Butler, Snow first established that Dr. Murphy was not there to discuss **Linda Gross** specifically. He affirmed that even though his testimony directly related to the product used on Ms. Gross in July 2006.





Dr. Miles Murphy, urogynecologist

Unlike the animation he showed the jury yesterday to explain the difference between the various prolapse surgeries and abdominal versus vaginal procedures, these images showed the cannulas or tubes inserted into the body to deliver the mesh via trocars, or a hollow metal instruments that plunge into groin tissue just outside the vagina.



Prolift procedure, edited Courtesy: Courtroom View

At one point the doctor in the Ethicon training film is shown rocking the tools back and forth in the essentially blind procedure that places the **Prolift**, using the instruments to feel the correct placement.

Jones asked if this so called "blind procedure" is dangerous to the woman?

Murphy: "I would respond there are sections of the procedure that, for lack of a better term, are "blind." That doesn't mean the surgeon shouldn't know at all times where the device is and where the

surrounding anatomy is.

Jones: 'Is there anything unusual about the Prolift procedure?"

Murphy: "No."

When the mesh was shown pulled out of the buttocks Jones asked if there was any roping or folding of the mesh apparent?

Dr. Murphy said there was no "roping" and in fact, he said he had never heard of that term, (roping is a term made up for this...he began to say).

DATA in 2006

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Showing slides of the data comparing native tissue repair with a mesh repair, Dr. Murphy said "There seemed to be evidence that mesh repair would provide a more durable anatomic repair."

Prolift had higher anatomic cure rates, he said. And when compared to native tissue repair, Dr. Murphy said mesh is much more likely to provide a lasting repair. In a study by Altman, the anatomic cure of 90% with mesh was compared to the 55% with native tissue repair, something Dr. Murphy called statistically significant.

Dr. Murphy also refuted the "clean-contaminated" theory of placing mesh transvaginally.

"Theoretically it might be but that has not been proven in studies I know," he told Christy Jones.



Dr. Miles Murphy, Urogynecologist testifying for Ethicon

DYSPAREUNIA RATE

Looking at the rate of dyspareunia, or pelvic pain associated with sex, Jones showed Dr. Murphy a study, **Does Prolift cause Dyspareunia?"**

Unfortunately the doctor said all sorts of pelvic surgery can result in pelvic pain. He pointed to a several different types of repair, that resulted in similar **dyspareunia** rates post-op ranging from 14 to 19% when comparing native tissue with mesh repairs.

It tells us there is no different rate of dyspareunia with any type

of reconstructive surgery, said the urogynecologist.

Jones: "Is dyspareunia a risk associated with any prolapse surgery? Is pelvic pain a risk assoc with any surgery to repair prolapse?

Murphy: " Unfortunately it is."

MESH EXPOSURE

Murphy said a patient experiencing mesh exposure or erosion may be unaware or asymptomatic. As a treatment, you can use estrogen cream or trim the mesh he suggested.

Jones: " Could it take more than one procedure to remove the mesh?

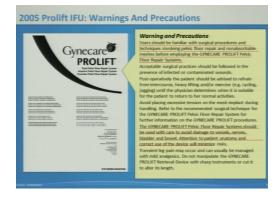
Murphy: "After excising most mesh you never have to go in again; maybe twice unless they were diabetic"

Jones: "What is your guess as to the average exposure rate?

Murphy: "As I mentioned before I'm part of a systematic review group that did a large review of all of the studies. They came up with a range of about zero to 25% with an average of 10 percent erosion rate."

Jones: "In 2006, was that information about erosion in the IFU?

Murphy: "It was."



COMMENTS

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VIDEOS

America Now Mesh story from WTOL, May 9, 2012 Boston Scientific Pelvic Floor Institute Citizen activism

CTV News, April 17, Canadian Multimillion dollar lawsuit over Vaginial Mesh

CTV News, April 30, 2012, More Women Describe
Transvaginal Mesh Problems

CTV- Canadian Patients Allege Faulty Hernia Patches Cause Infections

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