

Vaginal mesh – claims questionnaire

Identifying and qualifying information:

1.	Full Name	
2.	Previous name(s)	
3.	Date of birth	
4.	Current home address	
5.	Address at the time of mesh surgery (if different to the above)	
6.	NI number	
7.	Email	
	Telephone	
8.	Occupation	
9.	NHS Hospital where you underwent vaginal mesh/tape surgery	
10.	Date of surgery (dd/mm/yyyy)	

11.	Name of treating consultant	
12.	Have you undergone removal of vaginal mesh?	YES / NO* <i>(delete as appropriate)</i> If yes: Name of Hospital: Date: Name of Consultant: NHS or Private:
13.	Are you currently waiting for surgery to remove mesh?	YES / NO* <i>(delete as appropriate)</i> If yes: Name of Hospital: Date: Name of Consultant: NHS or Private:
14.	Have you previously instructed solicitors to enquire about a potential claim relating to your vaginal mesh surgery?	YES / NO* <i>(delete as appropriate)</i> If yes: Name of solicitors' firm: Is this claim ongoing or concluded: If concluded, have you received any compensation?

15.	Have you instructed solicitors to bring a claim against any manufacturer of a vaginal mesh product?	YES / NO* (<i>delete as appropriate</i>) If yes: Name of solicitors' firm: Is this claim ongoing or concluded? If concluded, have you received any compensation?
16.	<i>If the answers to questions 14 and 15 are no, does the Claimant confirm that she has no present intention to bring a claim against a manufacturer or other party in respect of the injuries set out below?</i>	YES / NO* (<i>delete as appropriate</i>)

Consequences of the Surgery

17.	Have you suffered from mesh/tape erosion?	YES / NO* (<i>delete as appropriate</i>) If yes, please go to Q18 If no, please go to Q19
18.	What treatment, if any, did you have for mesh erosion?	Name of Hospital: Date: Name of Consultant: NHS or Private:

19.	<p>What injury/harm/problems do you believe you have suffered as a consequence of the mesh surgery?</p> <p>At this stage we only need brief details such as:</p> <ul style="list-style-type: none"> • When did you first become aware of the problems • Are the problems ongoing or have they resolved • Has there been an impact on your ability to work, ability to carry out day to day tasks and/or to pursue hobbies • Have these problems had an effect on relationships (inc. sexual relationships) 	
20.	<p>What further treatment, if any, do you expect to have (i.e. is further review with a consultant and/or treatment already scheduled?).</p>	

Treatment details:

		<i>Your Response</i>
21.	<p>Is it your claim that the surgery was inappropriate and/or unnecessary?</p>	<p>YES / NO* (<i>delete as appropriate</i>)</p> <p>If yes, briefly explain why:</p>

	<p>vii. Prior to your surgery, did you speak to anyone who had a similar procedure? If so, please give details (you do not need provide the person's name).</p> <p>viii. What risks do you say should have been explained that were not explained?</p> <p>ix. Were you given the opportunity to ask further questions before surgery?</p> <p>B. <u>Alternatives</u></p> <p>i. Were you offered other treatment options (including no treatment) and if so what?</p> <p>ii. What information was provided about those alternative options?</p> <p>iii. What alternatives should have been offered that were not offered?</p> <p>iv. What alternative treatment would you have opted for if offered? Would this include no treatment at all?</p>	<p>viii.</p> <p>ix.</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p>
24.	Do you believe the surgery was carried out in a substandard manner?	<p>YES / NO* (<i>delete as appropriate</i>)</p> <p>If yes, please set out your reasons below:</p>

25.	Is it your case that there was a delay in responding to your concerns following mesh surgery?	YES / NO* <i>(delete as appropriate)</i> If yes, please set out your reasons below:

STATEMENT OF TRUTH

Claimant

I believe that the facts stated in this Questionnaire are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:

Full name:

Date: