

Medical Services Advisory Committee (MSAC) Application 1369 Male stress urinary incontinence, sling operation for, with or without synthetic mesh

What is male stress urinary incontinence, sling operation with or without synthetic mesh?

Male stress urinary incontinence is when men leak urine during activities that increase intra-abdominal pressure such as laughing, sneezing, or lifting heavy objects. The sphincter (muscle between the prostate and the penis) acts as a tap for the bladder and can be damaged or not working properly. Urine can then be released unintentionally. The service involves surgically implanting a synthetic sling, with or without mesh, to compress the urethra and shift it upward allowing for better urinary function. (Note – the type of mesh used during this operation is not the same as transvaginal mesh, where significant safety issues were reported and addressed in 2018)

Why was the application for MBS funding supported?

MSAC considered a range of clinical and economic reasons to support listing the procedure on the Medicare Benefits Schedule (MBS). The committee recommended that the procedure be listed because:

- it was found to be safe, clinically effective and cost effective; and
- there was over 10 years of data on the use of male urinary synthetic slings that showed they have a greater rate of success when compared to other urinary slings.

What alternatives are available?

The procedure is an alternative to *autologous slings* which are slings formed from fibrous tissue taken from the patient's abdomen or upper leg.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the procedure is now funded by Medicare and listed as items 37040 and 37338 on the MBS (www.mbsonline.gov.au).

What out-of-pockets expenses are involved?

Each service listed in the MBS has a unique item number along with a description of the service and the Medicare fee. The amount of rebate for the Medicare service differs depending on whether the service is provided in hospital (75% of the Medicare fee) or out of hospital (85% of the Medicare fee). Medicare benefits do not always cover the full costs of treatment. Doctors may bill patients above the Medicare rebate, and this leads to a gap between the Medicare benefits paid to the patient and doctors' fee. If a patient has private health insurance (for in hospital services only), this will cover some or all of this gap. Patients should ensure they are aware of all costs involved in their treatment, including out-of-pocket costs, before they receive it. For MBS services performed out-of-hospital, Medicare Safety Nets provide families and singles with an additional benefit, once an annual limit (or threshold) is reached. Further information about Medicare Safety Nets is at:

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Where can I find out more?

A full summary of MSAC's decision is at www.msac.gov.au

People should talk with their doctor if they have any concerns about their health. Every Australian citizen, and some other people, are entitled to free public hospital care under Medicare. Patients with private health insurance can retain the right to be treated as either public or private patients in public hospitals.