



Federal Court of Australia  
District Registry: New South Wales

No: NSD35/2018

**JODIE PHILIPSEN** and another named in the schedule  
Applicants

**ASTORA WOMEN'S HEALTH, LLC**  
Respondent

No: NSD181/2020

**LINDSEY SCHOFIELD** and another named in the schedule  
Applicants

**TFS MANUFACTURING** and others named in the schedule  
Respondents

No: NSD244/2021

**DEBRA FOWKES**  
Applicant

**BOSTON SCIENTIFIC CORPORATION** and another named in the schedule  
Respondents

No: NSD310/2021

**LISA TALBOT**  
Applicant

**ETHICON SARL** and others named in the schedule  
Respondents

## **ORDER**

**JUDGE:** JUSTICE LEE

**DATE OF ORDER:** 16 November 2021

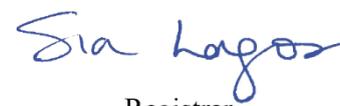
**WHERE MADE:** Sydney



**THE COURT ORDERS THAT:**

1. The time for opting out of the proceedings and registering be extended to 28 January 2022 for each person identified in answer to the subpoenas addressed to the following entities:
  - (a) South Metropolitan Health Service (ABN 92 264 056 442);
  - (b) North Metropolitan Health Service (ABN 61 282 636 952);
  - (c) East Metropolitan Health Service (ABN 11 297 417 435);
  - (d) WA Country Health Service (ABN 26 680 145 816).
  - (e) Northern Health;
  - (f) Kyneton District Health Service; and
  - (g) Kaizen Hospitals (Ashfield) Pty Limited trading as Sydney Private Hospital (ABN 97 094 662 914).
2. Pursuant to ss 33X and 33Y of the *Federal Court of Australia Act 1976* (Cth), upon production of a list of names by each of the subpoena recipients identified in Order 1, leave is granted to issue Opt Out and Registration Notices to the women identified in lists produced by the subpoena recipients in the form annexed and marked “A”.
3. In relation to each person identified in Annexure “B” (being those people who filed or caused to be filed Opt Out Notices after the date by which such notices were to be filed), leave be granted to opt out.

Date that entry is stamped: 23 November 2021

  
Registrar



## Schedule

Federal Court of Australia  
District Registry: New South Wales  
Division: General

No. NSD35/2018

Second Applicant: JANICE SEYMOUR

No. NSD181/2020

Second Applicant MELISSA WEEDON  
Second Respondent IVS PTY LTD  
Third Respondent COVIDIEN PTY LTD  
Fourth Respondent PETER PETROS  
Fifth Respondent MIPS INSURANCE PTY LTD  
Sixth Respondent CHUBB INSURANCE AUSTRALIA LIMITED

No. NSD244/2021

Second Respondent BOSTON SCIENTIFIC PTY LTD ACN 071 676 063

No. NSD310/2021

Second Respondent ETHICON, INC.  
Third Respondent JOHNSON & JOHNSON MEDICAL PTY LIMITED ACN 000 160  
403



**ANNEXURE “A”**

**Opt-Out and Registration Notice in TFS Proceeding**

**IN THE FEDERAL COURT OF AUSTRALIA**

Lindsey Schofield & Another v TFS Manufacturing Pty Ltd and Others  
(NSD 181 of 2020)

**OPT OUT AND  
CLAIMANT REGISTRATION  
NOTICE**

**THIS IS AN IMPORTANT NOTICE ISSUED BY ORDER OF THE FEDERAL  
COURT OF AUSTRALIA**

This notice contains important information concerning: (a) your right to opt out of this class action, including a deadline for you to exercise this right should you wish to do so; and (b) for those group members who do not wish to opt out of this class action, the process for registering your claim for compensation (you are not obliged to register, however, it is requested that you register to assist with mediation of the class action). This notice sets out three options for you to take in relation to the class action:

- A. Register your claim for compensation. In order to assist the Applicant to participate in a mediation of the class action effectively, registration is requested by **28 January 2022**.
- B. Complete an ‘opt out’ form on or **28 January 2022**. By doing this you will lose any right to any compensation available in this class action, but you will not be prevented from starting your own proceeding to try and get compensation yourself (subject to applicable time limits).
- C. Do nothing. You will not lose any rights by choosing this option, however, declining to register at this time may adversely impact the Applicant’s ability to negotiate a settlement of this proceeding on behalf of the class at a mediation to commence later this year. If you do not register now and the class action is successful (by way of judgment or settlement), you will need to complete this registration process at a later date in order to claim compensation.



## 1. WHY IS THIS NOTICE IMPORTANT?

A class action has been commenced in the Federal Court of Australia by Lindsey Schofield and Melissa Weedon against TFS Manufacturing Pty Ltd, IVS Pty Ltd, Covidien Pty Limited, Peter Petros, MIPS Insurance Pty Ltd and Chubb Insurance Australia Limited. The action arises out of the implantation of vaginal mesh implants which, it is alleged, were defective and should not have been implanted or were implanted negligently.

The Federal Court has ordered that this notice be published for the information of persons who might be members of the class on whose behalf the action is brought and may be affected by the action. You have been identified as a potential class member. **You should read this notice carefully. Any questions you have concerning the matters contained in this notice should not be directed to the Court.** If there is anything in this notice that you do not understand, you should seek legal advice.

## 2. What is a class action?

A class action is an action that is brought by one or more people ("**the Applicants**") on their own behalf and on behalf of a class of people ("**class members**") against other persons ("**the Respondents**") where the Applicants and the class members have similar claims against the Respondents.

Class members in a class action **are not** individually responsible for the legal costs associated with bringing the class action. In a class action, only the Applicants are responsible for the costs.

Class members are "bound" by the outcome in the class action, unless they have opted out of the proceeding. A binding result can happen in two ways, being either a *judgment* following a trial, or a *settlement* at any time. If there is a judgment or a settlement of a class action, class members *will not* be able pursue the same claims and *may not* be able to pursue similar or related claims against the respondent in other legal proceedings. Class members should note that:

- (a) in a *judgment* following trial, the Court will decide various factual and legal issues in respect of the claims made by the applicants and class members. Unless those decisions are successfully appealed they bind the applicants, class members and the respondents. Importantly, if there are other proceedings between a class member and one or more respondents, it may be that neither of them will be permitted to raise arguments in that proceeding which are inconsistent with a factual or legal issue decided in the class action.
- (b) In a *settlement* of a class action, where the settlement provides for compensation to class members it may extinguish *all* rights to compensation which a class member might have against the respondent which arise in any way out of the events or transactions which are the subject-matter of the class action.



If you consider that you have claims against a respondent which are based on your individual circumstances or otherwise additional to the claims described in the class action, then it is important that you seek independent legal advice about the potential binding effects of the class action **before** the deadline for opting out (see below).

### 3. What is this class action?

This class action, informally described as the TFS/IVS Vaginal Mesh Class Action, is brought by the Applicants, Lindsey Schofield and Melissa Weedon, on their own behalf and on behalf of all persons who are "class members" as defined in the proceeding. The term "group members" and "class members" means the same thing.

The Applicants allege in the Statement of Claim in Federal Court proceeding *Lindsey Schofield & Another v TFS Manufacturing Pty Ltd and others* (NSD 181 of 2020) that the Respondents variously designed, manufactured, evaluated, supplied, marketed, promoted, or implanted Tissue Fixation System Implants (**TFS Implants**) and the IVS Tunneller (**IVS Implants**) and, collectively, **the Implants**).

The Applicants' claim against TFS Manufacturing Pty Ltd, IVS Pty Ltd and Covidien Pty Limited is that the Implants were defective, not fit for a particular or disclosed purpose, not of merchantable quality and not of acceptable quality in contravention of the *Trade Practices Act 1974* (Cth) and the *Competition and Consumer Act 2010* (Cth). The Applicants also allege against these Respondents that they were negligent in their design, manufacture, marketing and supply of the Implants, in failing to give certain warnings in connection with the Implants, in their testing of the Implants, and in their post-market surveillance of the Implants.

In the case of the Fourth Respondent (Peter Petros), the Applicants allege that in respect of some class members, he performed the surgery to implant the Implants negligently and that he implanted the Implants despite his knowledge that their safety and efficacy had not been established. It is also alleged that he was negligent in the assistance, supervision and advice he provided to other surgeons who implanted the Implants in some class members.

The Applicants claim that they and class members suffered loss and harm as a result of the Respondents' conduct in connection with the Implants and that they and class members are therefore entitled to damages.

MIPS Insurance Pty Ltd is the professional indemnity insurer for Peter Petros and has been joined to the proceeding to determine whether it is liable to indemnify Petros for any liability he may have to class members.



Chubb Insurance Australia Limited is the insurer of TFS Manufacturing Pty Ltd and is liable to indemnify TFS Manufacturing Pty Ltd for any liability it may have to class members. It has been joined to the proceeding because TFS Manufacturing Pty Ltd is being wound up.

The Respondents do not admit the allegations and are defending the class action.

#### 4. What is 'Opt Out'?

The Applicants in a class action do not need to seek the consent of class members to commence a class action on their behalf or to identify a specific class member.

However, class members can cease to be class members by opting out of the class action. An explanation of how class members are able to opt out is found below in the section headed "How can you opt out of the proceeding".

#### 5. Are you a class member?

You are a class member if:

- (a) You underwent surgery in Australia; and,
- (b) During that surgery, you were implanted with either a:
  - i. Tissue Fixation System Implant; or,
  - ii. IVS Tunneller Implant.

If you are unsure whether or not you are a class member, you should contact AJB Stevens Lawyers on (02) 8268 0600 or email [info@ajbstevens.com.au](mailto:info@ajbstevens.com.au). Alternatively, you may seek legal advice from another firm. You should seek advice without delay.

#### 6. Will you be liable for legal costs if you remain a class member?

You will **not become liable for any legal costs** simply by remaining as a class member for the determination of the common questions. However:

- (a) if the preparation or finalisation of your personal claim requires work to be done in relation to issues that are specific to your claim, you can engage AJB Stevens Lawyers or other lawyers to do that work for you. A copy of the terms on which AJB Stevens Lawyers are acting in the class action may be obtained from them on the number/s shown below;



- (b) if any compensation becomes payable to you as a result of any order, judgment or settlement in the class action, the Court may make an order that some of that compensation be used to help pay a share of the costs which are incurred by the Applicants in running the class action but which are not able to be recovered from the Respondents; and
  
- (c) class actions are often settled out of court. If this occurs in the class action, you may be able to claim from the settlement amount without retaining a lawyer.

## 7. What will happen if you choose to remain a class member?

Unless you opt out, you will be bound by any settlement or judgment of the class action. If the class action is successful you will be entitled to share in the benefit of any order, judgment or settlement in favour of the Applicants and class members, although you may have to satisfy certain conditions before your entitlement arises. If the action is unsuccessful or is not as successful as you might have wished, you will not be able pursue the same claims and may not be able to pursue related claims against one or more of the respondents in other legal proceedings.

## 8. What class members need to do

### (a) How you can remain a class member?

**If you wish to remain** a class member there is **nothing you need to do** at the present time. The Applicants will continue to bring the proceeding on your behalf up to the point where the Court determines those questions that are common to the claims of the Applicants and the class members. However, you are invited to contact the Applicants' lawyers, AJB Stevens Lawyers, on the number below and register as a class member so that future notices about the class action can be sent to your preferred address.

### (b) How you can opt out of the class action?

**If you do not wish to remain** a class member you must opt out of the class action. If you opt out you will not be bound by or entitled to share in the benefit of any order, judgment or settlement in the class action, but you will be at liberty to bring your own claim against the respondent/s, provided that you issue Court proceedings within the time limit applicable to your claim. If you wish to bring your own claim against the respondent/s, you should seek your own legal advice about your claim and the applicable time limit **prior** to opting out.



If you wish to opt out of the class action you **must** do so by completing a "**Notice of opting out by class member**" in the form shown below (Form 21 of the Court's approved forms), then returning it to the Registrar of the Federal Court of Australia at the postal address on the form or electronically via email to [pelvicmesh@fedcourt.gov.au](mailto:pelvicmesh@fedcourt.gov.au) (please include in the subject line the words "Opt Out Notice [TFS proceeding]").

**IMPORTANT: the Notice must reach the Registrar by no later than 4:30pm on 28 January 2022** otherwise it will not be effective.

You should submit the Notice of opting out by class member if:

- (i) you qualify as a class member and you wish to opt out of the class action; or
- (ii) you believe that you have been incorrectly identified as a class member, because you do not meet the criteria set out in the section headed "Are you a class member" above.

Each class member seeking to opt out should fill out a separate form.

## 9. Limitation Period

Limitation periods are set by statute. If a person with an entitlement to a claim does not commence legal proceedings by the time a limitation period expires, they may be barred from making a claim.

The commencement of this class action suspended the limitation periods for all class members who have not opted out. Time starts to run again once a person opts out of the class action. If you opt out of the class action and the statutory time limit on your claim expires, or is found to have already expired because you are no longer covered by the class action, you will be barred from bringing proceedings against the respondents in Court. This will depend on your particular individual circumstances.

Again, if you wish to bring your own claim against the respondents in Court, you should seek your own legal advice about your claim and the applicable time limit **prior** to opting out.

## 10. Where can you obtain copies of relevant documents?

Copies of relevant documents, including the application, the statement of claim, and the defences, may be obtained by:

- (a) downloading them from AJB Stevens Lawyers' website;
- (b) inspecting them between 9am and 5pm at one of the offices of AJB Stevens Lawyers, contact details for which are available from AJB Stevens Lawyers' website or by calling (02) 8268 0600 or emailing [info@ajbstevens.com.au](mailto:info@ajbstevens.com.au);



- (c) by contacting a District Registry of the Federal Court (contact details are available at [www.fedcourt.gov.au](http://www.fedcourt.gov.au)) and paying the appropriate inspection fee; or
- (d) where appropriate arrangements have been made with the Court, inspecting them on the Federal Court website at <https://www.fedcourt.gov.au/>.

Please consider the above matters carefully. If there is anything about which you are unsure, you should contact AJB Stevens Lawyers on (02) 8268 0600, email [info@ajbstevens.com.au](mailto:info@ajbstevens.com.au), or seek your own legal advice. You should not delay in making your decision.



### Opt out notice

No. 181 of 2020

Federal Court of Australia  
District Registry: New South Wales  
Division: General

**Lindsey Schofield & Anor**

Applicants

**TFS Manufacturing & Ors**

Respondents

To: The Registrar  
Federal Court of Australia  
New South Wales District Registry  
Level 17, Law Courts Building, Queens Square  
Sydney NSW 2000

.....(print name), a group member in this  
representative proceeding, gives notice under section 33J of the *Federal Court of Australia  
Act 1976*, that .....(print name) is opting out of the  
representative proceeding.

Date:

.....  
Signed by [print name]:  
Capacity [e.g. group member, or lawyer  
for the group member]:

.....  
Filed on behalf of (name & role of party) \_\_\_\_\_  
Prepared by (name of person/lawyer) \_\_\_\_\_  
Law firm (if applicable) \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
**Address for service**  
(include state and postcode) \_\_\_\_\_



IN THE FEDERAL COURT OF AUSTRALIA

Lindsey Schofield & Another v TFS Manufacturing Pty Ltd and Others  
(NSD 181 of 2020)

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## CLAIMANT REGISTRATION FORM

IMPORTANT: This form deals with making claims in the TFS/IVS Vaginal Mesh Class Action

There is a DEADLINE of **28 January 2022** to register a claim.

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### 1. INTRODUCTION

The parties have commenced a mediation of this class action to attempt to reach a negotiated resolution of the claims made in the class action.

Please complete this form if you believe you have suffered a complication, injury or damage from being implanted with an IVS or TFS Implant.

If you are in any doubt about whether you have suffered a complication, injury or damage, please talk to your doctor or contact AJB Stevens Lawyers on 02 8268 0600, or at [info@ajbstevens.com.au](mailto:info@ajbstevens.com.au)

The purpose of registering your claim and answering the questions in this form is to facilitate settlement of the proceeding at a mediation. Registration and completion of the questionnaire ensures that information relevant to your individual claim will be taken into account when calculating a global settlement sum for all class members' claims. It ensures that the best evidence about all class members' claims will be considered by the parties' lawyers at mediation and ultimately by the Court when it is required to approve a proposed settlement. It is therefore very important that you register and complete the questionnaire.

If you do not register your claim by the deadline, you will still be permitted to claim a share of any settlement payment for your injury, loss or damage caused by complications from your IVS or TFS Implant. If the class action does not settle, you will still retain your right to sue the Respondents for damages or compensation for any injuries loss or damage caused by complications from an IVS and/or TFS Implant.



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## 2. REGISTRATION

The person identified as a group member below REGISTERS their claim for compensation in relation to this class action.

If you are unable to complete any part of this section of the form because you do not know the answers to the questions, you may seek advice from your treating doctor or specialist or ask for assistance from AJB Stevens Lawyers.

### PERSONAL DETAILS

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Salutation (Ms / Miss / Mrs / Dr / Other)

Name

Address

Date of Birth (dd/mm/yyyy)

Email

Telephone (mobile and/or landline)



## CLAIMANT DETAILS

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A claimant is the person who is claiming loss. If you are registering on behalf of someone else, please fill in the details of the person you are registering on behalf of below.

Is this registration made for yourself, or on behalf of someone **else**?

- Individual (Myself)
- Someone else

Please specify the details of the claimant:

.....  
Salutation (Ms / Miss / Mrs / Dr / Other)

.....  
Name

.....  
Address

.....  
Date of Birth (dd/mm/yyyy)

.....  
Email

What is their relationship to you?

- Parent
- My family member
- Spouse
- Other

Do you have authority to complete this form on their behalf? Y/N

## IMPLANT/S

Mesh Implants (for prolapse of bladder, vagina, rectum or uterus)

Type of Mesh Implant      An IVS Implant being:

IVS TUNNELLER implant

A TFS Implant being one of the following:

Tissue Fixation System (TFS)

TFS Tissue Fixation System

Any other pelvic mesh or tapes that is not an IVS or TFS Implant (please specify the type, brand and/or manufacturer if known):

Date of implant surgery

Surgeon

Hospital

GP at time of implant      Name of GP:

Name of practice:

Were you treated as a public or private patient?  
 Public  
 Private

If you were treated as a private patient, who was your private health insurer?

## PREVIOUS CLAIM

Have you sued or sought compensation or damages from a doctor or hospital for having one of the Implants inserted? Y/N

If Yes, were you successful and received a sum in compensation or damages?  
 No  
 Yes, and received a sum of .....



## MEDICAL BACKGROUND

- State the number of vaginal births you have had?
  
- State the number of caesarean section births you have had?
  
- In chronological order, list any and all surgeries, procedures, or hospitalisations you had in the 10 year period **BEFORE** implantation of the pelvic mesh; identifying by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and providing the approximate date(s) for each.

Approximate date	Description of Surgery Hospitalisation	Doctor or Healthcare Provider Involved (including address)

- In chronological order, list any and all surgeries, procedures, or hospitalisations you had **AFTER** the implantation of the pelvic mesh product(s); identifying by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each.

Approximate date	Description of Surgery Hospitalisation	Doctor or Healthcare Provider Involved (including address)



- To the best of your knowledge, have you suffered from any of the following:

Medical Condition		Sought treatment for?	Indicate whether condition occurred pre-implant, post-implant or both (explain, if necessary)
Adhesions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Bleeding or Clotting Disorders If <b>Yes</b> , please specify disorder:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Bowel Obstruction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Bowel Perforation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Cancer If <b>Yes</b> , please specify type:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Chronic constipation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Collagen Disorder / Deficiency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Connective Tissue Disorder If <b>Yes</b> , please specify disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Crohn's Disease, Irritable Bowel Syndrome, Ulcerative Colitis, or Chronic Diarrhoea If <b>Yes</b> , please specify which condition and treatment prescribed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>



	<b>Medical Condition</b>	<b>Sought treatment for?</b>	<b>Indicate whether condition occurred pre-implant, post-implant or both (explain, if necessary)</b>
Cystocele	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Diverticulitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Dyspareunia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Enterocele	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Fistulas	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Hernias	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Hypertension or High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Hypotension or Low Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Immune System Disease or Dysfunction including HIV/AIDS If <b>Yes</b> , please specify condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Malnutrition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Muscle or Muscle-	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>



wasting disorder If <b>Yes</b> , please specify disorder:	No <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Medical Condition</b>	<b>Sought treatment for?</b>	<b>Indicate whether condition occurred pre-implant, post-implant or both (explain, if necessary)</b>
Neuromuscular Disease or Disorder If <b>Yes</b> , please specify disorder:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Obesity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Pelvic Trauma If <b>Yes</b> , please describe trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Pelvic Tumors or Fibroids	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Peritonitis/Sepsis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Rectocele	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Recurrent or Chronic Vaginal or Bladder Infections If <b>Yes</b> , please specify location and nature of infections:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Recurrent Vaginal pain if <b>Yes</b> , please	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>



describe the nature of pain experienced:			
Urinary Incontinence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Urinary Retention	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
	<b>Medical Condition</b>	<b>Sought treatment for?</b>	<b>Indicate whether condition occurred pre-implant, post-implant or both (explain, if necessary)</b>
Uterine Prolapse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Vaginal Vault Prolapse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Wound Healing Problems If <b>Yes</b> , please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>
Any other disease of the gut, intestines, or bowels If <b>Yes</b> , please specify condition(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>

- Have you experienced menopause?
  - If Yes, at what age did it begin?
  
- Have you undergone vaginal estrogen therapy, hormone therapy, or systemic estrogen replacement therapy (ERT)?
  - If Yes, please provide the type of therapy you received, date(s) of the therapy, and the name and address of the healthcare provider providing the therapy.



- Do you now or have you ever smoked tobacco products?
  - If Yes, how long have / did you smoke?
  
- List each prescription medication you have taken for more than 3 months at a time, within the last 5 years prior to implant to present, giving the reason you took the medication, and the approximate dates of use

Medication and Dosage	Dates of use

## **SURGICAL TREATMENT**

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Have you required further surgery to treat complications following the initial surgery to implant the the IVS or TFS Implants? Y/N

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How many further operations have you undergone?

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Is any further surgery planned by your doctor?  
If so when?

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Did the further surgery solve/improve the complication?

- Treated successfully with a complete resolution of symptoms;
  - Treated with significant alleviation of symptoms;
  - Treated with only a partial alleviation of symptoms;
  - Treated without any significant alleviation of symptoms
  - Treating with a worsening of symptoms.
-

## COMPLICATIONS

Have you experienced any of the following after your IVS or TFS Surgery?

	No	Yes	Do you still suffer from the condition? (please tick if 'yes')
Erosion, extrusion, protrusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<p>a) If Yes to above, did you require surgery to treat erosion, extrusion or protrusion?</p> <p>b) If Yes to above, was all the mesh removed?</p> <p>c) Who performed the removal surgery and when?</p> <p>d) Does any medical treater, physical or anybody else on your behalf have possession of any portion of the mesh that was previously implanted in you and removed?</p> <p>e) If yes, please state the name and address of the person or entity having possession of same.</p>
	No	Yes	Do you still suffer from the condition? (please tick if 'yes')
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If so, where? (can be multiple locations) (please tick)</p> <p><input type="checkbox"/> Back</p> <p><input type="checkbox"/> Vagina</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Groin</p> <p><input type="checkbox"/> Perineum</p> <p><input type="checkbox"/> Anal</p> <p><input type="checkbox"/> Rectal</p> <p><input type="checkbox"/> Thigh</p> <p><input type="checkbox"/> Other (please</p>			<p>If yes, where do you still suffer? (can be multiple locations) (please tick)</p> <p><input type="checkbox"/> Back</p> <p><input type="checkbox"/> Vagina</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Groin</p> <p><input type="checkbox"/> Perineum</p> <p><input type="checkbox"/> Anal</p> <p><input type="checkbox"/> Rectal</p> <p><input type="checkbox"/> Thigh</p> <p><input type="checkbox"/> Other (please specify)</p>



specify)	No	Yes	Do you still suffer from the condition? (please tick if 'yes')
Painful intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual intercourse associated with incontinence of urine, faeces or wind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with bowel motions, including loss of control or constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offensive vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	No	Yes	Do you still suffer from the condition? (please tick if 'yes')
Infection  If so, at what site?(please tick)  <input type="checkbox"/> Wound <input type="checkbox"/> Vagina <input type="checkbox"/> Pelvis <input type="checkbox"/> Bladder <input type="checkbox"/> Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>  If yes, at what site?(please tick)  <input type="checkbox"/> Wound <input type="checkbox"/> Vagina <input type="checkbox"/> Pelvis <input type="checkbox"/> Bladder <input type="checkbox"/> Other (please specify)
Damage to pelvic organs, nerves, ligaments, tissue etc. (e.g. bladder or ureter damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence of urine not present before the operation to insert an implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent incontinence of urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggravation of pre-existing incontinence of urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke, heart attack or other brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## CURRENT LEVEL OF PAIN

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If you experience pain as a complication of your IVS or TFS Implant, please rate your pain at its worst in the last week. Use the scale of 0 to 10, with 0 being no pain and 10 being the worst imaginable pain.

0      1      2      3      4      5      6      7      8      9      10

## CURRENT SEVERITY OF URINARY, BOWEL, VAGINAL AND SEXUAL SYMPTOMS

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If you were to spend the rest of your life with your symptoms just the way they are now, how would you feel about that? Use the scale of 0 to 10, with 0 being 'content', 5 being 'indifferent' and 10 being 'terrible'.

0      1      2      3      4      5      6      7      8      9      10

Content

Indifferent

Terrible

## ACTIVITIES OF DAILY LIVING

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Some women find that bladder, bowel, or vaginal symptoms or pain affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions or pain over the last 3 months.

<b>How do symptoms or conditions in the following affect you:</b>	
1. Ability to do household chores (cooking, laundry, housecleaning)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe



2.	Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
3.	Entertainment activities such as going to a concert or movie?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
4.	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
5.	Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
6.	Emotional health (nervousness, depression, etc.)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
7.	Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
8.	Do you have pain daily? If so how bad is the pain?	<input type="checkbox"/> No pain at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

## CARE AND ASSISTANCE

As a result of the injuries/restrictions you have suffered due to the insertion of your IVS or TFS Implant, have you required assistance with your household chores i.e. washing, cleaning, showering, preparation of meals, gardening by an external provider or a member of your family?

ohhh

- Yes
- No
  
- External Provider
- Family member

If yes:

<p>a When did you start requiring assistance (approx. month and year)?</p>	
<p>b <u>Up until now</u>, on average how many hours of assistance per week have you required?</p>	
<p>c What tasks or activities have you required assistance with?</p>	
<p>d In the future, how many hours of assistance do you think you will require per week?</p>	



## **ONGOING TREATMENT AS A RESULT OF YOUR IVS OR TFS IMPLANT**

### **Pain Medication**

Are you **currently** taking any pain medication as a result of your IVS or TFS implant?

- Yes  
 No

If yes, for how many years or months have you been taking pain medication?

What pain medication do you take and at what dosage?

Did you require pain medication prior to the insertion of your IVS or TFS implant?

- Yes  
 No

If yes, what pain medication did you take and at what dosage?

### **Other Medications**

Are you **currently** taking any medication to treat a psychological condition you have

- Yes  
 No

If yes, for how many years or months have you been taking medication?

What medication do you take and at what dosage?

Did you require medication to treat a psychological condition prior to the insertion of your IVS or TFS implant?

- Yes  
 No

If yes, what medication did you take and at what dosage?



Are you **currently** using any topical treatments such as oestrogen cream, steroids or antibiotics to treat the injuries you have suffered as a result of your IVS or TFS implant?

Yes

No

If yes, for how many years or months have you been using this topical treatment?

What topical treatment do you use?

Did you require this topical treatment prior to the insertion of your IVS or TFS implant?

Yes

No

If yes, what topical treatment did you use?

### Other Treatment

Do you **currently** undertake any other type of treatment as a result of your IVS or TFS implant? (For example physiotherapy, chiropractic, psychological treatment, incontinence pads, etc.)

Yes

No

If yes, what type of treatment?

How frequently do you receive this treatment?



## PAYMENT OF YOUR TREATMENT AND REHABILITATION EXPENSES

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In answering the following questions, please consider any expenses associated with treatment for the failure or revision of your IVS or TFS implant and rehabilitation including the costs of revision surgery, consultations with your surgeon or another doctor, medical investigations (such as, x-rays, MRIs or other scans), physiotherapy or hydrotherapy, medication, aids or equipment, housing or vehicle modifications or other costs.

Have any of your treatment expenses been *reimbursed or paid directly* by a private health insurer?

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Yes

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No

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### Medicare or Department of Veterans Affairs

Have any of your treatment expenses been *reimbursed or paid directly* by Medicare or the Department of Veterans Affairs?

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Yes – Medicare

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Yes – Department of Veterans Affairs

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Neither

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### Out of pocket expenses

Are you out of pocket in relation to any treatment and rehabilitation expenses? In other words, have you paid any expenses that have *not* been covered by a private health insurer, Medicare or the Department of Veterans Affairs?

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Yes

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No

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If yes, please **estimate** the approximate amount. In answering this question, we do not need you to add up all of your invoices and receipts. Please simply give your best estimate of the total amount.



- Less than \$1,000

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- Between \$1,000 and \$5,000

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- Between \$5,000 and \$10,000

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- More than \$10,000

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- Not able to be estimated

## **EMPLOYMENT STATUS**

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i. Were you doing paid work at the time of your IVS or TFS surgery?

- Yes
- No

If so, were you:

- Receiving a wage or salary, or
- Working as a contractor, or
- Running your own business

What was your average net weekly income (as reported in your tax return). This does not need to be an exact figure – an approximate amount is satisfactory.

\$

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Did you return to your usual work after your IVS or TFS Surgery?

- Yes
- No



Beyond the recovery time advised by your doctor prior to the IVS or TFS Implant surgery, have you required time off work?

- Yes
- No

If Yes, approximately how much time did you take off work?

Months

If you have not returned to work following your surgery, or if you have had to reduce the hours that you work due to your IVS or TFS Implant, what is your current annual income?

\$

ii. If you were you not doing paid work at the time of your IVS or TFS surgery, had you intended to commence or return to work at any time in the future?

- Yes
- No

iii. If Yes, when did you intend on commencing or returning to work after the IVS or TFS surgery?

iv. What type of work had you intended to commence or return to and how much were you expecting to earn, on average, net per week from that work?

Please give *brief* details of any other important information regarding the impact of the IVS or TFS Implant(s) on your enjoyment of life, your income, your capacity to work and your capacity to care for yourself and others



## CENTRELINK BENEFITS

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Do you currently receive Centrelink benefits?

- Yes
- No

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If yes, what type of benefit?

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For how long have you received Centrelink benefits?

Months



Completed forms must be returned so that they are **received** by AJB Stevens Lawyers before 4.30pm on **28 January 2022**.

Completed forms can be returned by emailing them to [info@ajbstevens.com.au](mailto:info@ajbstevens.com.au) or by posting the form to: AJB Stevens Lawyers, Level 9, 287 Elizabeth Street SYDNEY NSW 2000.

If you have any questions please telephone AJB Stevens Lawyers on 02 8268 0600, or email us at [info@ajbstevens.com.au](mailto:info@ajbstevens.com.au)



**ANNEXURE "B"**

The following persons filed or caused to be filed Opt Out Notices after 29 October 2021:

1. Leslie Adie;
2. Bronwyn Rundle;
3. Lorraine Monaghan;
4. Christine Corling;
5. Nerida Binning
6. Barbara Anne Medcalf
7. Sandra Pollock
8. Merina Giannangelo
9. Stella Munro
10. Joan Caroline Cumming
11. Frances Jean Mcculloch
12. Carol Jacobs
13. Elizabeth Brennan
14. Phillipa Hacon
15. Vonda Carson
16. Patricia Gaye Chant
17. Angela Jackson
18. Annabel Heathcote Wyndham
19. Christine Nickling
20. Mary Elizabeth Tout
21. Doreen Margaret Townsend
22. Marian Grace Dunn
23. Victoria Lilley
24. Beverley Jean Harris
25. Robyn Mcdermott
26. Wendy Leitmanis



27. Jacqueline Rees
28. Maureen Isabel Webster
29. Patrizia Edith Wilson
30. Yvette K Dore
31. Barbara Dawn Britten
32. Marcia Zoe Brooks
33. Marija Tabain
34. Pauline M Verhoef
35. Elaine Taaffe
36. Heather Cumberland
37. Olivia Knowles
38. Golsoom Hussaini
39. Kim Lien Quan
40. Linda Glossop
41. Phyllis Sloan
42. Pauline Olivette Morrow
43. Christine Winkler
44. Jocelyn Dawn Mant
45. Ronelle Bazley
46. Petronella Strang
47. Marion Helen Clark
48. Breanna Sillars
49. Shirley Anne Wilkes
50. Phyllis Gorton
51. Shone Yousif
52. Grammati Ziotas
53. Patricia Iannucci
54. Natasha Brennan
55. Meichelle Mclachlan
56. Barbara Jean Pearce
57. Barbara Slater
58. Julie Baxter



59. Lamaat Janzerli
60. Lynda Ivory
61. Margaret Lewis
62. Robyn Elaine Devine
63. Marian Grace Dunn
64. Janice Mary O'brien
65. Bernadette Blain
66. Eileen Johnson
67. Kathleen Seal
68. Jennifer Anne Mccarthy
69. Valerie Walker
70. Diane Elizabeth Hawkins
71. Lynette Ann Cummings
72. Marijana Putnikovic
73. Carolyn Jones
74. Rhonda Maureen Turner