IN THE FEDERAL COURT OF AUSTRALIA

Kathryn Gill & Ors v Ethicon Sarl, Ethicon, Inc. and Johnson & Johnson Medical Pty Ltd
NSD 1590 of 2012

# CLAIMANT REGISTRATION FORM

IMPORTANT: This form deals with making claims in the Pelvic Mesh and Tape Class Action.

There is a DEADLINE of **9 April 2020** to register a claim**.**

## INTRODUCTION

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

If you are in any doubt about whether you have suffered a complication, injury or damage, please talk to your doctor or contact Shine Lawyers on **1800 884 139**, or at prolapsemesh@shine.com.au.

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

If you do not register your claim by the deadline, there is no settlement and the class action proceeds to judgment in favour of group members, you may be able to make a claim for damages.

## REGISTRATION

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

## PERSONAL DETAILS

| Salutation (Ms / Miss / Mrs / Dr / Other) | |
|---|---|
| Name | |
| Address | |

Date of Birth (dd/mm/yyyy)

Email

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 Shine Lawyers.

## CLAIMANT DETAILS

A claimant is a person or entity who is claiming loss. Please fill in the details of the person/entity you are registering on behalf of below.

Is this registration made for yourself, on behalf of someone else or a Deceased Estate?

□ 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

□ Deceased Estate

Name of deceased

Your capacity of presentative of the deceased

□ Executor
□ Next of kin
□ Administrator

□ Other

As this registration is on behalf of a deceased estate, you will not be required to provide any further details regarding the registration at this stage. Please submit the registration below and a member of our team will be in contact with you shortly after submission.

## MESH IMPLANT/S

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

| | |
|---|---|
| Type of Mesh Implant | □ GYNECARE PROLIFT implant |
| | □ GYNECARE PROLIFT +M implant |
| | □ GYNECARE PROSIMA implant |
| | □ GYNECARE GYNEMESH PS implant |
| | □ Other (please specify) |
| Date of implant | |
| Surgeon | |
| Hospital | |
| GP at time of implant | Name of GP: |
| | Name of practice: |
| Were you treated as a public or private patient? | □ Public<br>□ Private |
| If you were treated as a private patient, who was your private health insurer? | |

## TAPE IMPLANT/S

Tape Implants (urinary incontinence)

| | |
|---|---|
| Type of Tape Implant | □ GYNECARE TVT |
| | □ GYNECARE TVT Obturator |
| | □ GYNECARE TVT Exact |
| | □ GYNECARE TVT Abbrevo |

| | |
|---|---|
| | □ GYNECARE TVT Secur |
| | □ Other (please specify) |

| | |
|---|---|
| Date of implant | |
| Surgeon | |
| Hospital | |
| GP at time of implant | Name of GP: |
| | Name of practice: |
| Were you treated as a public or private patient? | □ Public<br>□ Private |
| If you were treated as a private patient, who was your private health insurer? | |

## SURGICAL TREATMENT

| | |
|---|---|
| Have you required further surgery to treat complications following the initial surgery to implant the product(s) subject of this proceeding? Y/N | |
| How many further operations have you undergone? | |
| Is any further surgery planned by your doctor? Y/N | |

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 Mesh/Tape Surgery?**

| | No | Yes | Do you still suffer from the condition? (please tick if 'yes') |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Erosion, extrusion, protrusion<br>a) If Yes to above, did you require surgery to treat the erosion, extrusion or protrusion<br>b) If Yes to above, was all the mesh removed | ☐ | ☐ | ☐ |
| | **No** | **Yes** | **Do you still suffer from the condition? (please tick if ‘yes’)** |
| Pain<br><br>If so, where? (can be multiple locations) (please tick)<br>☐ Back<br>☐ Vagina<br>☐ Pelvis<br>☐ Groin<br>☐ Perineum<br>☐ Anal<br>☐ Rectal<br>☐ Thigh<br>☐ Other (please specify) | ☐ | ☐ | ☐ |
| Painful intercourse | ☐ | ☐ | ☐ |
| Unable to have sexual intercourse | ☐ | ☐ | ☐ |
| Sexual intercourse associated with | ☐ | ☐ | ☐ |

| | | | |
|---|---|---|---|
| incontinence of urine, faeces or wind | | | |
| Difficulties with bowel motions, including loss of control or constipation | ☐ | ☐ | ☐ |
| Offensive vaginal discharge | ☐ | ☐ | ☐ |
| | **No** | **Yes** | **Do you still suffer from the condition? (please tick if 'yes')** |
| Infection<br><br>If so, at what site? (please tick)<br>☐ Wound<br>☐ Vagina<br>☐ Pelvis<br>☐ Bladder<br>☐ Other (please specify) | ☐ | ☐ | ☐ |
| Damage to pelvic organs, nerves, ligaments, tissue etc.( eg bladder or ureter damage) | ☐ | ☐ | ☐ |
| Recurrent prolapse | ☐ | ☐ | ☐ |
| Incontinence of urine not present before the operation to insert an implant | ☐ | ☐ | ☐ |
| Recurrent incontinence of urine | ☐ | ☐ | ☐ |
| Aggravation of pre-existing incontinence of urine | | | |

| Psychiatric injury | ☐ | ☐ | ☐ |
|---|---|---|---|
| Stroke, heart attack or other brain injury | ☐ | ☐ | ☐ |

**CURRENT LEVEL OF PAIN**

**If you experience pain as a complication of your Mesh or Tape Implant, please rate your pain at its worst in the last week. Use on a 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**

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?

0 1 2 3 4 5 6 7 8 9 10

Pleased Indifferent Terrible

**ACTIVITIES OF DAILY LIVING**

**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. Please make sure you mark an answer in all 3 columns for each question.**

| | **How do symptoms or conditions in the following affect your:** | **Bladder or urine** | **Bowel or rectum** | **Vagina or pelvis** |
|---|---|---|---|---|
| 1. | Ability to do household chores (cooking, laundry, housecleaning)? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |

| | | | | |
|---|---|---|---|---|
| 2. | Ability to do physical activities such as walking, swimming, or other exercise? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |
| 3. | Entertainment activities such as going to a concert or movie? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |
| 4. | Ability to travel by car or bus for a distance greater than 30 minutes away from home? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |
| | **How do symptoms or conditions in the following affect your:** | **Bladder or urine** | **Bowel or rectum** | **Vagina or pelvis** |
| 5. | Participating in social activities outside your home? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |
| 6. | Emotional health (nervousness, depression, etc.)? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |
| 7. | Feeling frustrated? | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit | ☐ Not at all<br>☐ Somewhat<br>☐ Moderately<br>☐ Quite a bit |

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## Care & Assistance

As a result of the injuries/restrictions you have suffered due to the insertion of your Mesh/Tape Implant, have you required assistance with the activities of daily living (outlined above) i.e. washing,

cleaning, showering, preparation of meals, gardening by an external provider or a member of your family?

☐ Yes

☐ No

If yes:

| | | |
|---|---|---|
| a. | When did you start requiring assistance (approx. month and year)? | |
| b. | Up until now, on average how many hours of assistance per week have you required? | |
| c. | In the future, how many hours of assistance do you think you will require? | |

## ONGOING TREATMENT AS A RESULT OF YOUR MESH OR TAPE IMPLANT

### Pain Medication

| | |
|---|---|
| Are you ***currently*** taking any pain medication as a result of your mesh or Tape implant? | ☐ Yes<br>☐ No |
| If so, for how many years or months have you been taking medication? | |
| What medication do you take? And what dosage? | |
| Did you require pain medication prior to the insertion of your Mesh or Tape implant? | ☐ Yes<br>☐ No |
| If yes, what medication did you take and what dosage? | |

### Other Medications

| | |
|---|---|
| Are you ***currently*** taking any medication to treat a psychological condition you have | ☐ Yes<br>☐ No |

| | |
|---|---|
| suffered as a result of your Mesh or Tape implant? | |
| If so, 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 Mesh or Tape implant? | ☐ Yes<br>☐ 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 mesh or Tape implant? | ☐ Yes<br>☐ No |
| If so, for how many years or months have you been using this topical treatment? | |
| What medication do you take? | |
| Did you require this topical treatment prior to the insertion of your Mesh or Tape implant? | ☐ Yes<br>☐ 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 mesh or Tape implant? (For example physiotherapy, chiropractic, psychological treatment, incontinence pads, etc.) | ☐ Yes<br>☐ No |
| If yes, what type of treatment? | |
| How frequently do you receive this treatment? | |

## PAYMENT OF YOUR TREATMENT AND REHABILITATION EXPENSES

**In answering the following questions, please consider any expenses associated with treatment for the failure or revision of your Mesh/Tape 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?

☐ Yes

☐ No

**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?

☐ Yes – Medicare

☐ Yes – Department of Veterans Affairs

☐ Neither

**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* be covered by a private health insurer, Medicare or the Department of Veterans Affairs?

☐ Yes

☐ No

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

☐ Between $1,000 and $5,000

☐ Between $5,000 and $10,000

☐ More than $10,000

☐ Not able to be estimated

**EMPLOYMENT STATUS**

Were you doing paid work at the time of your Mesh/Tape surgery?

☐ Yes

☐ No

If so, were you:

☐ Receiving a wage or salary, or

☐ Working as a contractor, or

☐ Running your own business

**If yes, please answer the following additional questions. If no, please go to the Centrelink section on the next page.**

What was your usual annual income (as reported in your tax return) for a full year of work? This does not need to be an exact figure – an approximate amount is satisfactory.

$

Did you return to your usual work after your Mesh/Tape Surgery?

☐ Yes

☐ No

Beyond the recovery time advised by your doctor prior to the Mesh/Tape Implant surgery, have you required time off work?

☐ Yes

☐ No

If so, 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 Mesh Implant, what is your current annual income?

$

Do you think that the failure and/or revision of your Mesh/Tape implant will affect your ability to work in the future?

☐ Yes

☐ No

If so, please tick one of the following:

☐ No longer able to work at all or took early retirement, or

☐ Currently unable to work but will try to return to work in the future, or

☐ Currently working but are likely to take early retirement, or

☐ Currently working at reduced hours and income, or

☐ Needed to change jobs

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

## CENTRELINK BENEFITS

Do you currently receive Centrelink benefits?

☐ Yes
☐ No

If so, what type of benefit?

For how long have you received Centrelink benefits? Months

Completed forms must be returned so that they are **received** by Shine Lawyers before 4.00pm on **9 April 2020.**

Completed forms can returned by emailing them to prolapsemesh@shine.com.au or by posting the form to:

Shine Lawyers, PO Box 12011, George Street QLD 4003.

If you have any questions please telephone Shine Lawyers on **1800 884 139**, or email us at prolapsemesh@shine.com.au.