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13
14 **IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**
15 **IN AND FOR THE COUNTY OF MARICOPA**

16 STATE OF ARIZONA, <i>ex rel.</i> MARK 17 BRNOVICH, Attorney General, 18 Plaintiff, 19 v. 20 C.R. BARD, Inc., 21 Defendant.	Case No.
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COMPLAINT

22 Plaintiff, State of Arizona *ex rel.* Mark Brnovich, the Attorney General (the “State”),
23 alleges the following for its Civil Complaint (the “Complaint”) against Defendant C.R. Bard,
24 Inc. (“C.R. Bard”).

Jurisdiction and Venue

25 1. The State brings this action pursuant to the Arizona Consumer Fraud Act, Arizona
26 Revised Statutes (“A.R.S.”) §§ 44-1521 to 44-1534, to obtain injunctive relief to permanently
27 enjoin and prevent the unlawful acts and practices alleged in this Complaint, and to obtain other
28 relief, including restitution, disgorgement of profits, gains, gross receipts, or other benefits, civil
penalties, and costs and attorneys’ fees.

1 pelvic tissues and muscles supporting the bladder and urethra become weak and allow the neck
2 of the bladder to descend during bursts of physical activity, and the descent can prevent the
3 urethra from working properly to control the flow of urine. SUI can also result when the
4 sphincter muscle that controls the urethra weakens and is not able to stop the flow of urine under
5 normal circumstances and with an increase in abdominal pressure.

6 12. POP happens when the tissue and muscles of the pelvic floor fail to support the
7 pelvic organs resulting in the drop of the pelvic organs from their normal position. Not all
8 women with POP have symptoms, while some experience pelvic discomfort or pain, pressure,
9 and other symptoms.

10 13. In addition to addressing symptoms, such as wearing absorbent pads, there are a
11 variety of non-surgical and surgical treatment options to address SUI and POP. Non-surgical
12 options for SUI include pelvic floor exercises, pessaries, transurethral bulking agents, and
13 behavior modifications. Surgery for SUI can be done through the vagina or abdomen to provide
14 support for the urethra or bladder neck with either stitches alone, tissue removed from other
15 parts of the body, tissue from another person, or with material such as surgical mesh, which is
16 permanently implanted. Non-surgical options for POP include pelvic floor exercises and
17 pessaries. Surgery for POP can be done through the vagina or abdomen using stitches alone or
18 with the addition of surgical mesh.

19 14. C.R. Bard marketed and sold Surgical Mesh devices to be implanted
20 transvaginally for the treatment of POP for approximately five years or more and for the
21 treatment of SUI for approximately ten years or more.

22 15. The Food and Drug Administration (FDA) applies different levels of scrutiny to
23 medical devices before approving or clearing them for sale.

24 16. The most rigorous level of scrutiny is the premarket approval (PMA) process,
25 which requires a manufacturer to submit detailed information to the FDA regarding the safety
26 and effectiveness of its device.

27 17. The 510(k) review is a much less rigorous process than the PMA review process.
28 Under this process, a manufacturer is exempt from the PMA process and instead provides

1 premarket notification to the FDA that a medical device is “substantially equivalent” to a legally
2 marketed device. Although PMA approval results in a finding of safety and effectiveness based
3 on the manufacturer’s submission and any other information before the FDA, 510(k) clearance
4 occurs after a finding of substantial equivalence to a legally marketed device. The 510(k)
5 process is focused on equivalence, not safety.

6 18. C.R. Bard’s SUI and POP Surgical Mesh devices entered the market under the
7 510(k) review process. C.R. Bard marketed and sold Surgical Mesh devices without adequate
8 testing.

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10 **C.R. Bard’s Course of Conduct**

11 19. In marketing Surgical Mesh devices, C.R. Bard misrepresented and failed to
12 disclose the full range of risks and complications associated with the devices, including
13 misrepresenting the risks of Surgical Mesh as compared with the risks of other surgeries or
14 surgically implantable materials.

15 20. C.R. Bard misrepresented the safety of its Surgical Mesh by misrepresenting the
16 risks of its Surgical Mesh, thereby making false and/or misleading representations about its
17 risks.

18 21. C.R. Bard also made material omissions when it failed to disclose the risks of its
19 Surgical Mesh.

20 22. C.R. Bard misrepresented and/or failed to adequately disclose serious risks and
21 complications of one or more of its Surgical Mesh products, including the following:

- 22 a. a lifelong risk of erosion;
- 23 b. chronic pain;
- 24 c. vaginal shortening ;
- 25 d. dyspareunia (pain with intercourse);
- 26 e. chronic foreign body reaction;
- 27 f. tissue contraction;
- 28 g. urge and de novo incontinence;

- 1 h. infection and inflammation; and
- 2 i. vaginal scarring.

3 23. C.R. Bard misrepresented or failed to disclose to doctors and patients that
4 complications for one or more of its Surgical Mesh devices may persist as a permanent
5 condition after surgical intervention or other treatment. C.R. Bard's Surgical Mesh products are
6 intended to be permanent implants and were designed for integration into the body and tissue
7 ingrowth, making them difficult, if not impossible, to surgically remove. C.R. Bard
8 misrepresented or failed to disclose that removal of one or more of its Surgical Mesh devices
9 may not be possible, and that additional surgeries may not resolve complications.

10 24. Throughout its marketing of Surgical Mesh, C.R. Bard continually failed to
11 disclose risks and complications it knew to be inherent in the devices and/or misrepresented
12 those inherent risks and complications as caused by physician error, surgical technique, or
13 perioperative risks.

14 25. In 2008, the FDA issued a Public Health Notification to inform doctors and
15 patients about serious complications associated with surgical mesh placed through the vagina to
16 treat POP and SUI. In 2011, the FDA issued a Safety Communication to inform doctors and
17 patients that serious complications associated with surgical mesh for the transvaginal repair of
18 POP are not rare, and that a systematic review of published literature showed that transvaginal
19 POP repair with mesh does not improve symptomatic results or quality of life over traditional
20 non-mesh repair and that mesh used in transvaginal POP repair introduces risks not present in
21 traditional non-mesh surgery for POP repair.

22 26. In 2012, the FDA ordered post-market surveillance studies by manufacturers of
23 surgical mesh to address specific safety and effectiveness concerns related to surgical mesh used
24 for the transvaginal repair of POP. That same year, C.R. Bard ceased marketing transvaginal
25 POP Surgical Mesh products. In 2016, the FDA issued final orders to reclassify transvaginal
26 POP devices as Class III (high risk) devices and to require manufacturers to submit a PMA
27 application to support the safety and effectiveness of surgical mesh for the transvaginal repair of
28 POP in order to continue marketing the devices.

