



Ladies: Your Groin Pain May Be From The Mesh Not The Hip

Groin pain may be directly caused by the mesh. TVM patients must be evaluated for obturator neuralgia prior to hip surgery.

CONCORD, CA, June 3, 2013 /EINPresswire.com/ -- It is well established in the orthopedic literature that disorders of the hip may cause groin pain that radiates toward the knee. Groin pain related to hip disorders such as osteoarthritis occurs with weight bearing and combining hip flexion and internal rotation of hip.

It is also well established that obturator neuralgia is an unfortunate [complication related to the mesh](#), caused by an arm that either directly damages the nerve or causes traction and scar tissue around the nerve over time. Symptoms of obturator neuralgia may include a deep ache in the region of the groin and may radiate toward the knee. Active or passive hip flexion and internal rotation of the hip causes the pain. There is also allodynia involving the anterior and internal surface of the thigh, which is pain caused by normal touch or friction from clothes.

The significance of the above is that both of the conditions, one referred from the hip and one caused by mesh may have very similar symptoms and disability. The most nauseating question becomes the following: Does an orthopedic surgeon with a scalpel see the patient first or a knowledgeable physician who can make the appropriate referral?

How can a physician determine if obturator neuralgia is the source of the pain? This requires knowledge of the mesh product used, clinical and physical exam, and the use of a CT guided anesthetic block used for diagnostic purposes. A temporary relief of the pain is diagnostic. A [transvaginal mesh implant](#) patient who is determined to have obturator neuralgia may undergo obturator neurolysis, which is release of scar tissue from the nerve. This is accomplished via minimally invasive laparoscopic surgical approach. Results from a small study in France have shown outstanding results.

It is important for mesh patients with obturator neuralgia to be at a center that can both [remove the mesh](#) as well as carry out the neurolysis because both procedures can be done at the same time, which would prevent the need for a second surgery and prolonged suffering.

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