

Ongoing Thigh Pain: Experts Recommend Early Sling Revision

Thigh and groin pain after placement of TOT vaginal mesh 'sling' continues as the primary source of morbidity for women who undergo 'sling' placement for SUI.

MODESTO, CALIFORNIA, UNITED STATES, November 14, 2018 /EINPresswire.com/ -- Ongoing Thigh Pain: Experts Recommend Early Sling Revision

Thigh pain and groin pain after placement of transobturator tape (TOT) vaginal mesh 'sling' continues as the primary source of morbidity for women who undergo 'sling' placement for stress urinary incontinence (SUI). The source of chronic pain may be either direct muscle damage in the thigh (myofascial pain) or nerve damage (obturator neuralgia and/or pudendal neuralgia) caused by the polypropylene arms of the sling.

Manufacturers of the TOT 'slings' have kept these devices on the market despite the growing medical literature and FDA reported complaints of unacceptable risk of significant disabling pain associated with these devices. A few of the various TOT sling devices have been voluntarily removed from the market by their manufacturers, but unfortunately a majority of these devices remain as they market 'mini-slings' to physicians with shorter polypropylene arms that don't pass into the thigh with hopes that these smaller slings would not cause the above crippling diagnoses.



Dr. Greg Vigna

Unfortunately, 'mini-slings' like their predecessors (TOT slings) continue to cause catastrophic pain syndromes including obturator neuralgia, pudendal neuralgia, and complex regional pain syndrome that cause disabling life-time pain syndromes that require costly ongoing medical care including medication management, pelvic floor physical therapy, Botox Injections, mesh revision surgery, and implantable nerve stimulators.

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The American Urogynecologic Society (AUGS) has done little to publish best practice standards for clinicians who implant these devices with patients with persistent post-operative thigh pain despite published opinions by leaders such as Dr. Steven Petrou who recommends 'that the rapid appearance of pain after the placement of a suburethral

tape should embolden the surgeon to promptly proceed with removal prior to the period of tissue ingrowth' into the sling arms. (Source:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1677-55382010000600028)

Fortunately, the standard of care for dealing with thigh pain, groin pain, painful intercourse (dyspareunia) after TOT or mini-sling implantation is early removal of these devices. Timely referral is now the standard of care to trained physicians in vaginal mesh revision surgery as a new generation of physicians have obtained the necessary training during their residencies to diagnose and treat the catastrophic pain syndromes associated with the TOT and mini-sling devices used for SUI.

Dr. Greg Vigna, a physician and national pharmaceutical injury attorney, states, "much has changed over the past 10 years. Injured women now have resources available to understand treatment options available for mesh related complications. Unfortunately, TOT slings and mini-slings continue to be implanted."

For more information on pudendal neuralgia, obturator neuralgia, and complex region pain syndrome, go to <http://pudendalportal.lifecare123.com>.

Download the free eBook provided by Dr. Vigna and Dr. Michael Hibner by going to <http://tvm.lifecare123.com/page/e-book.html> or see an interview by Dr. Greg Vigna with Dr. Michael Hibner on treatment protocol for chronic pelvic pain: <http://hibner.phactory.net/video/65674772>

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