Vulvodynia: A Symptom, Not a Disease.

Vulvar pain beginning after implantation of a TVM device should never be diagnosed as vulvodynia because every device has the potential to cause chronic pain.

SANTA BARBARA, CA, UNITED STATES, January 28, 2019 /EINPresswire.com/ -- The International Society for the Study of Vulvar Diseases defines vulvodynia as chronic pain or discomfort involving the vulva for more than 3 months and for which no obvious etiology can be found. In other words, patients with vulvar pain, in whom there is not 'caused' by a recognized disorder, are diagnosed with vulvodynia.

Vulvar pain beginning after implantation of a transvaginal polypropylene mesh (TVM) device should never be diagnosed as vulvodynia because every polypropylene transvaginal device has the potential to cause chronic pelvic pain. Despite billions of dollars paid to injured women by the manufacturers of the TVM devices, thousands of retropubic and transobturator sling devices are implanted each year, that cause chronic pelvic pain, and in a significant portion of these women cause Complex Regional Pain Syndrome, which is a disabling catastrophic pain syndrome that impairs mobility, sexual function, bladder function, and bowel function.

Vulvodynia, although not a diagnosis to be used in women with pain and a history of a TVM device, may be used as a symptom as this term provides a description of pain. Vulvodynia describes a quality of pain that may be burning, stinging, irritation, itching, or rawness. It is usually moderate to severe, exacerbated by sex, tight-fitting clothing, sitting, walking, bike riding, and tampon insertion.

Vulvodynia when used to describe a set of symptoms by a gynecologist would be described as allodynia involving the vulva. Allodynia is the hallmark of Complex Regional Pain Syndrome (CRPS). Women with retropubic and transobturator (TO) polypropylene slings are developing Complex Regional Pain Syndrome in the hundreds each year and this diagnosis requires 1-2 million dollars in medical care over a lifetime.

CRPS Type 1 diagnosis is caused by retropubic TVT slings and CRPS Type 2 diagnosis with pudendal or obturator neuralgia is caused by TO slings and are implanted in thousands of women without warning of these complications. There are non-polypropylene surgical options for the treatment of SUI without these life altering complications with equal efficacy to the polypropylene slings that are not being offered to women.

For more information on the treatment for pudendal neuralgia, CRPS, and myofascial pain from the TVM go to: https://tvm.lifecare123.com/pudendal-neuralgia-vs-myofascial-pelvic-pain-syndrome-mpps-vs-both_8770.html and https://tvm.lifecare123.com/rehabilitation-doctor-and-certified-life-care-planner-offering-superior-life-care-plans-for-trans-vaginal-mesh-tvm-opt-out-clients_11902.html.

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