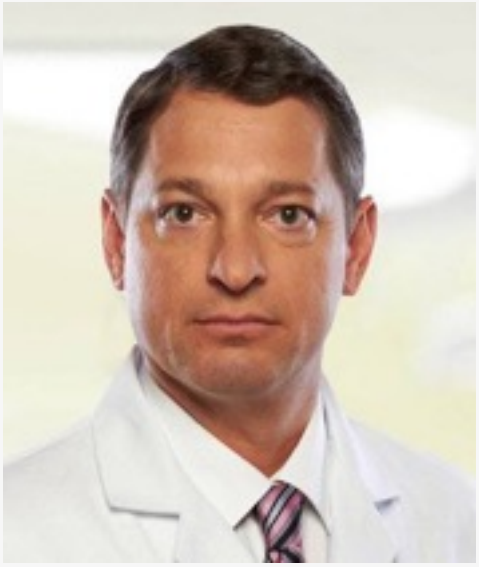
Pudendal Nerve Entrapment from Transvaginal Mesh Devices

Transvaginal mesh polypropylene devices used for pelvic organ prolapse and transobturator slings used for SUI place the pudendal nerve in peril.



SANTA BARBARA, CALIFORNIA, UNITED STATES, February 13, 2019 /EINPresswire.com/ -- Transvaginal mesh (TVM) polypropylene (plastic) devices used for pelvic organ prolapse (POP) and transobturator slings used for stress urinary incontinence (SUI) place the pudendal nerve in peril because of their defective design that is subject to thousands of claims in the Multidistrict Litigation in West Virginia and a growing number of new injuries filed directly into State Courts across the country. Pudendal nerve damage is either from direct injury during the blind placement of the device or caused by the body's own immune response that rejects the plastic device causing contraction of the mesh or from scar formation that may directly damage the nerve by compression or from traction.

Pudendal neuralgia may be caused from reversible irritation or pressure to the nerve or permanent damage by compression of the pudendal nerve. Permanent or reversible pudendal nerve damage give rise to symptoms consistent with pudendal neuralgia. Pudendal neuralgia is characterized by burning in the perineum and vaginal area, numbness of the clitoris, and sphincter dysfunction that causes difficulty with emptying the bladder and bowel. Pudendal neuralgia related to the TVM device can begin immediately after implantation or develop insidiously weeks, months, or years after implantation.

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> *Dr. Greg Vigna*

The standard of care for pudendal neuralgia related to TMV transobturator sling devices that are still on the market or POP devices is complete mesh removal. Complete mesh removal surgery can be coupled with Botox injections to pelvic floor to provide relaxation of the pelvic floor muscles as these women will have associated spastic pelvic floor syndrome.

For the unfortunate women who don't obtain satisfactory relief of their pain with complete mesh removal are often referred for conservative therapies such as pelvic floor physical therapy, vaginal suppositories with valium or baclofen, and/or Botox injections to the pelvic floor.

If symptoms of pudendal neuralgia continue despite complete mesh removal and conservative therapies the next step in treatment is to determine if the pudendal nerve is entrapped with the potential for improvement with decompressive surgery or simply damaged from consequences from the mesh. CT guided pudendal nerve block is necessary to assist with this determination. Improvement of pain for 1-2 weeks indicates that there may be ongoing compression on the

pudendal nerve that may improve with decompression.

Greg Vigna, MD, JD, a practicing physician, and pharmaceutical injury attorney has had clients with operative findings during decompression that include sutured pudendal nerve, scar tissue directly compressing the pudendal nerve, and scar tissue with traction on the pudendal nerve.

Dr. Vigna states, “Unfortunately there remain significant barriers to the necessary care for catastrophically injured TVM victims as very few physicians have the skills for complete mesh removal, few facilities provide CT guided pudendal nerve blocks, and just a handful of physicians around the world have the skills for both mesh removal and pudendal nerve decompression.”

Download a Free E-book by Dr. Hibner/Dr. Vigna for more information, https://tvm.lifecare123.com/page/e-book.html, and visit the video resources page here: https://tvm.lifecare123.com/page/videos.html.

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