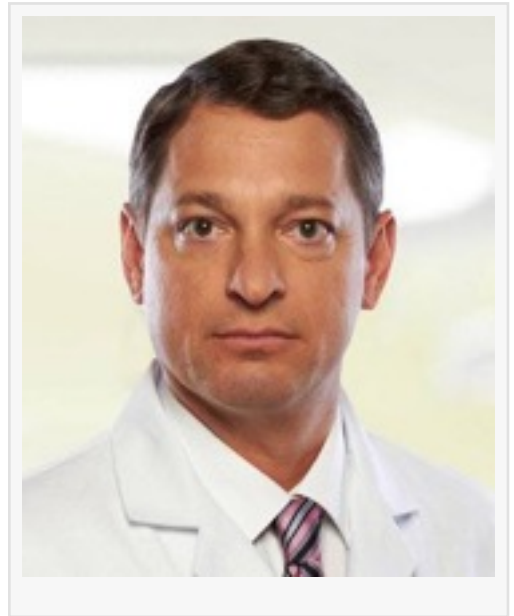


# Radiofrequency Treatment for Pudendal Neuralgia: Little Downside Risks with Upside Surprise

*Pudendal neuralgia was once an uncommon diagnosis affecting 1/100,000 persons but is believed to be more common because of TVM devices used to treat POP & SUI.*

SANTA BARBARA, CA, UNITED STATES OF AMERICA, March 8, 2019 /EINPresswire.com/ -- Pudendal Neuralgia is an intractable pain related to the pudendal nerve compression or damage to the pudendal nerve that is extremely difficult to treat and severely affects the quality of life for those with this diagnosis. Pudendal neuralgia was once an uncommon diagnosis affecting 1/100,000 persons but is believed to be much more common as a consequence of synthetic polypropylene transvaginal mesh (TVM) devices used to treat pelvic organ prolapse (POP) and stress urinary incontinence (SUI).



Clinical treatment of pudendal neuralgia caused from transoburator slings and the POP devices include complete mesh removal (revision), drug therapy, physical therapy, pudendal nerve blocks, pudendal nerve decompression surgery, and neuromodulation. Neuromodulation includes spinal cord or peripheral nerve stimulation via implantable device or radiofrequency ablation of peripheral nerves.

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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.”

*Dr. Greg Vigna*

Radiofrequency ablation of peripheral nerves include continuous radiofrequency (CRF) ablation that has been used for three decades for treatment of neck and back pain and pulsed radiofrequency (PRF) ablation that is relatively new form of neuromodulation that is believed to be safer than CRF, associated with more accurate positioning of the electromagnetic fields, and improved efficacy. There has been an increasing body of literature that Pulsed Radiofrequency (PRF) treatment is both a safe, effective, and cost-effective treatment for pudendal neuralgia.

Dr. Greg Vigna, MD, JD, practicing physician, national pharmaceutical injury attorney, and pudendal neuralgia expert is hesitant to jump fully on board with this treatment modality, but does believe that it does have a place in the arsenal of treatments for this pain syndrome. He explains, “If a woman has ongoing pudendal neuralgia it is important to determine if the nerve is entrapped with the potential for improvement with decompression rather than permanently damaged. Pudendal neuralgia without entrapment or pudendal neuralgia that persist after decompression surgery, neuromodulation should be considered in women with disabling pain.”

He continues, “It is important to determine if pudendal neuralgia is permanent nerve damage or

if there is ongoing compression from mesh or scar tissue that is causing pain that can be reversed to some extent with surgical decompression. In women with permanent nerve damage neuromodulation should be considered in women with disabling pain."

Dr. Vigna believes the pudendal neuralgia caused by the TVM without evidence of entrapment that all treatments must be on the table for those with this catastrophic pain syndrome. He explains, "A recent study from China shows significant evidence that PRF and a pudendal nerve block at the same procedure using CT guided injection/PRF produces superior results when compared to a pudendal nerve block alone". (Journal of Pain Research 2018:11 2367-2374)

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, even less have PRF via CT guidance, and just a handful of physicians around the world have the skills for both complete 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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