Persistent Groin Pain Following Transvaginal Mesh Slings: Risk Not Worth the Benefit

Permanent, life-altering pain syndromes including obturator neuralgia and pudendal neuralgia is the foreseeable result.

SANTA BARBARA, CALIFORNIA, UNITED STATES, October 23, 2019 /EINPresswire.com/ -- In 2008, a medical article 'Persistent groin pain following a transobturator sling procedure for stress urinary incontinence: a diagnostic and therapeutic challenge' was published in the International Urogynecology Journal. It is a scenario that has occurred far more than previously reported by manufacturers and has often been ignored by implanting physicians.

Two cases were presented in the article: Patient A, involved immediate post-operative severe pain in the right groin following a Ethicon TVT-O procedure that prevented standing and walking and required IV pain medication for pain control. MRI of the pelvis ruled out a hematoma, and the right obturator nerve appeared to be intact. The patient was discharged with ongoing pain after a six day hospitalization. Partial mesh removal was provided and symptoms improved. Patient B, involved a 53 year-old woman who was readmitted three days post-operatively with severe groin pain extending towards the right medial knee. MRI showed no evidence of hemorrhage but edema in both obturator spaces. The patient required seven days of morphine prior to discharge. Complete mesh removal on the right side was provided and symptoms improved.

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> *Dr. Greg Vigna*

Greg Vigna, MD, JD, practicing physician in Physical Medical and Rehabilitation, national pharmaceutical injury attorney, and Certified Life Care Planner states, "The title of the article includes 'diagnostic...challenge' which is misleading as there is nothing that is challenging regarding diagnosis. All that is required of a physician is the ability to hear the words coming from an injured woman's mouth. Early imaging is necessary to rule out a hematoma. With a negative MRI of the pelvis, groin pain following a transobturator sling or minisling is either muscular in origin, neuropathic in origin, or both. That is it."

The authors discuss the therapeutic challenge of treatment which includes oral analgesics and a consideration of oral steroids. If pain does not improve significantly to suggest resolution of symptoms then mesh removal is necessary but it 'should not be postponed too long, as scarring around the tape progresses over time and makes total removal more difficult and nerve damage may become more irreversible after longer time.'

Dr. Vigna adds, "The case studies of these two women described 'only partial' improvements of post-operative symptoms following mesh removal. These injuries, caused by what was meant to be permanent devices, are what are actually permanent. While the physicians in these studies

are skilled, and managed the post-operative complications appropriately and in a timely fashion, there are not enough skilled physicians in the world to conduct complete mesh removal. Even more, there is a long line of women who need to see the few physicians that do have the skills to provide this level of care. That means that for most, permanent, life-altering pain syndromes including obturator neuralgia and pudendal neuralgia is the foreseeable result."

Greg Vigna, MD, JD and his team of national pharmaceutical injury attorneys represent serious complications of the transvaginal mesh and have obturator neuralgia claims filed across the country for defective design, defective warning, and negligence.

https://link.springer.com/article/10.1007/s00192-008-0714-8

Greg Vigna
Greg Vigna, M.D., J.D.
+1 520-343-5899
email us here
Visit us on social media:
Facebook
Twitter
