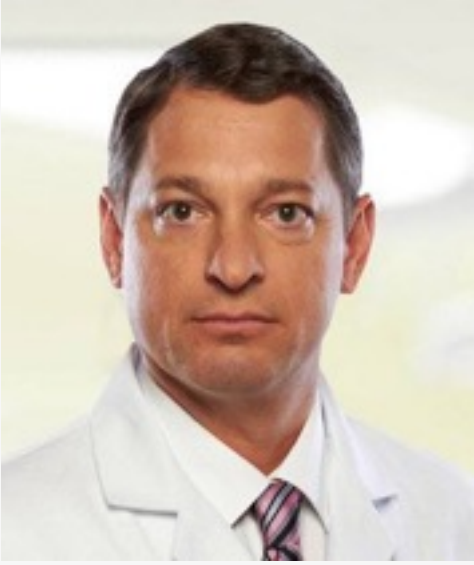
# Canadian Authorities: Examining Lack of Medical Care for its Vaginal Mesh Victims

*Lack of medical care for Canadian vaginal mesh victims leads to investigations into why women travel to the U.S. to surgically remove transvaginal mesh slings.*



SANTA BARBARA, CALIFORNIA, UNITED STATES, December 2, 2019 /EINPresswire.com/ -- Radio-Canada's Enquete reports that Dr. Yves Robert, the secretary of the Quebec's college of physicians, will lead the investigations into why 31 women traveled to the United States to have transvaginal mesh slings surgically removed from their bodies by Dr.Dionysius Veronikis. As reported by CBC News ( https://apple.news/At6s_Wh17QJuGGqX_ICjDOw ) approximately 11,000 suburethral slings are placed each year and an estimated 350-400 of those women will need to have sling revision surgery for complications of the mesh where the sling is partially or completely removed.

Dr. Yves. Robert states, "The concept was to put it in on a lifetime basis. It was not designed in order to remove them... (and) the real issue is to try to discover how to handle that and remove them when there is a complication, and there's no real international consensus on the issue."

The CBC Article reported that "in Quebec, partial withdrawals are more common. If, however, severe pain begins immediately after implant, or is present on both sides of the hips, groin or legs, a complete sling withdrawal may be required."

> "Neuralgia pain may occur immediately after implantation or anytime following implantation because the device contracts up to 40 percent."
> *Dr. Greg Vigna*

Greg Vigna, MD, JD, practicing physician, national pharmaceutical injury attorney, and Certified Life Care Planner states that the "Article is not correct" in that the article states the complications from suburethral slings are clearly outlined in both manufactures' brochures and Health Canada advisories. Dr. Vigna states, "There is no mention that a properly placed transobturator sling may cause acute obturator neuralgia or pudendal neuralgia and that a properly placed retropubic sling may cause acute ilioinguinal neuralgia."

Dr. Vigna adds, "The Canadian Urological Association (CUO) Position statement on the use of transvaginal mesh published in July 2016 is as blind as the American Urogynecologic Society (AUGS) and American College of Obstetricians and Gynecologist (ACOG) in that there is no mention of permanent pain from pudendal neuralgia, obturator neuralgia, and ilioinguinal neuralgia from suburethral slings."

Dr. Vigna comments, "Neuralgia pain may occur immediately after implantation or anytime following implantation because the device contracts up to 40 percent and it forms scar tissue that causes catastrophic pain syndromes from traction or compression of the pudendal nerve,

obturator nerve, or ilioinguinal nerve.  In addition, the sling may acutely migrate following implantation which may cause traction onto these nerves."

Greg Vigna, MD, JD, is a California and Washington DC lawyer who focuses on neurological injuries caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and complex regional pain syndrome.

For articles, video resources, and information visit the Pudendal Neuralgia Educational Portal: https://pudendalportal.lifecare123.com/.
For more information regarding sling related complications visit: https://tvm.lifecare123.com/slingebook.html

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