

Greg Vigna, MD, JD: Brachial Plexus Injuries... Early Referral to Leading Experts

The Vigna Law Group comments on physicians' untimely diagnoses of brachial plexus, resulting in missed opportunities for high-quality treatment.

SANTA BARBARA , CALIFORNIA , UNITED STATES, January 15, 2021 /EINPresswire.com/ -- Of those

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admitted to trauma hospitals with multiple injuries from motor vehicle accidents, one percent will have brachial plexus injuries. It is not uncommon for these injuries to be diagnosed in rehabilitation hospitals as there are often other associated injuries that make this diagnosis difficult such as traumatic brain injury, cervical spinal cord injury, or internal thoracic injuries that require prolonged ventilation.

The brachial plexus is a network of nerves that combine from the fifth cervical nerve root to the first thoracic nerve root to provide essential functions to the shoulder, arm,

and hand. These injuries are most commonly seen in young males and cause devastating neurologic deficits that cause life-long disabilities. Stretch injuries are the most common injury to the brachial plexus and occur when the shoulder is pressed down, while at the same time, the head is pushed up and away from the shoulder. This stretching of the nerves of the plexus can cause damage to the network of nerves or in the most severe form, cause the nerves to be torn.

State of the art brachial plexus management is only available at a handful of centers in this country, so access to care is limited. Early referral is mandatory as the window of opportunity to benefit from peripheral nerve surgery is generally 3 months to 9 months following a brachial plexus injury. After that period of time reconstruction procedures are limited to tendon transfers to improve function.

Greg Vigna, MD, JD, national neurological injury attorney, practicing physician, and Attorney perspective:

"Too many adult patients miss out on the opportunity for the state of the art treatments involving peripheral nerve surgery because of insurance barriers and lack of personal resources. Complicating this is that simply physicians often wait too long before making the referral. This is less of an issue with birth injury brachial plexus injuries as referral patterns have been established for early diagnosis and treatment.

Not all providers are equal and as a physician and testifying expert for patients with brachial plexus injury there is a huge variation regarding the care that has been provided to similarly injured patients. It is important for patients and families to do their research and go to providers who have the capabilities to provide all of the necessary treatments for peripheral nerve injury including neurolysis, nerve transfers, nerve grafting, and tendon and muscle transfers. Doctors tend to offer treatment that they have been trained to provide, and in the case of serious peripheral nerve injury you want a physician with all the skills who can provide the most appropriate procedure given the neuromuscular status of the patient."



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Damages awarded in brachial plexus injuries may be very substantial. The driving factors include the financial capabilities of the defendants, the resulting disability, loss earning capacity, and future care required.

Greg Vigna, MD, JD, national neurological injury attorney, national pharmaceutical injury attorney, Board Certified Physical Medicine and Rehabilitation, and Certified Life Care Planner, represents the neurologically injured with leading trial attorneys across the country. The focus of his law firm includes cerebral palsy, spinal cord injury, and brachial plexus injury from trauma and birth injury.

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic neurological injuries caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and Complex Regional Pain Syndrome. His cases are filed around the country with Martin Baughman, a Dallas Texas firm. Ben Martin and Laura Baughman are national pharmaceutical injury trial attorneys in Dallas, Texas.

To learn more on the anatomical basis for TOT injury or irritation to the obturator and pudendal nerve and the treatments of obturator and pudendal neuralgia click here: <u>https://vignalawgroup.com/ebooks/pelvic-mesh-pain/#page=59</u>

Click here for a FREE E-BOOK on Vaginal Mesh Pain.

For articles, video resources, and information visit the <u>Pudendal Neuralgia Educational Portal</u> or <u>https://tvm.lifecare123.com/</u>. <u>Click here for information</u> regarding sling related complications.

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