

TVM Litigation Update: Transobturator slings AND Defense Experts are on the clock

Knowledgeable defense experts are downplaying or completely omitting from recordation the complaints of seriously injured women who come to them for care.

SANTA BARBARA, CALIFORNIA, UNITED STATES, April 8, 2021 /EINPresswire.com/ -- "There are defense witnesses who present themselves as experts in surgical management of polypropylene mid-urethral slings and their complications. At best they underplay the severity of complications and resulting harm. At worst their methodologies are unsound. Many times these physician experts are rendering no meaningful care for the serious injuries they encounter, knowing that providing the actual diagnosis will cost them hundreds of thousands of dollars in future expert fees paid by defendant manufacturers" -Greg Vigna, MD, JD

Greg Vigna, MD, JD, national pharmaceutical injury attorney, practicing physician, and Certified Life Care Planner states, "We are seeing very disturbing cases where defense experts who clearly know the scientific basis and the medical literature that supports causation of obturator and pudendal neuralgia from transobturator slings are downplaying or completely omitting from recordation the complaints of seriously injured women who come to them for care."

Dr. Vigna adds, "Defense experts are well aware that they will be asked on the stand if they have ever diagnosed pudendal or obturator neuralgia caused by transobturator slings (TOT). To dodge this question they simply don't make the diagnosis in women with clear symptoms and signs of obturator and pudendal neuralgia while at the same time offering no meaningful care for the injured women who come to them for help. They simply wait it out until the patient simply goes away or can't afford care as they lose their insurance coverage once it becomes too much to afford. The defense experts understand they are in line for \$20,000 to \$40,000 expert work per case to support positions that are not grounded by the truth."

Dr. Vigna continues, "We have seen testimony from defense experts that claim they have never



Dr. Greg Vigna



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found it necessary to provide a groin dissection for pain caused by a TOT despite implanting thousands of women with these devices and managing mesh related complications. At the same time these highly paid defense experts have been referring patients with serious injuries to the Cleveland Clinic, a department that supports the current AUGS position that the risks of TOTs are acceptable. Our position is that the use of TOTs is not reasonable because the risk of neurological injury is not rare and the magnitude of risk is severe. Our position is

supported by the literature and the 2019 position paper by the National Institute for Health and Care Excellence in England (NICE which states “do not offer a transobturator approach unless there are specific clinical circumstances in which the retropubic approach should be avoided.”

Dr. Vigna adds, “Our primary targets are the manufacturers, but we are also selectively suing implanting physicians from time to time when it makes sense. I have a malpractice case against a defense expert who implanted a transobturator sling which resulted in pudendal neuralgia. I will carefully consider naming the physicians in the defense expert’s academic departments for injuries caused by both TOTs and retropubic slings in the future as they sometimes too share some responsibility for the conduct of others in their department. We welcome the day these physicians become privy to the internal documents from the manufacturers upon which our expert reports support, along with the scientific literature, the basis of the claims of our clients which represent the truth.”

Dr. Vigna concludes, “TOTs and defense experts are now on the clock. I represent dozens of women with neurological complications caused by mid-urethral slings including those with destructive injuries caused by the Boston Scientific Obtryx device. TOT related pudendal and obturator neuralgia is not rare and our first trial is going in May. To date I have one seriously injured woman injured by a defense expert who has played a prominent role in the MDL who continues to testify for manufacturers as if medical literature doesn’t exist since 2006. Clearly medical literature provides clear evidence that TOTs cause obturator and pudendal neuralgia and we will not hesitate in naming them in medical malpractice cases going forward for neurological injuries caused by TOTs and retropubic slings if their conduct falls below the standard of care for experts in the field of meshology.”

Dr. Vigna is a California and Washington D.C. 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 from Ben Martin and Laura Baughman listen to their podcast:

<https://vignallawgroup.com/news/podcasts/>

The Vigna Law Group targets the below transobturator (TOT) slings and mini-slings that cause pudendal and obturator neuralgia:

- Ethicon: TVT-O, Abbrevo
- Boston Scientific: Obtryx, Solyx
- Coloplast: Aris, Altis

The Vigna Law Group targets the below retropubic slings that cause ilioinguinal neuralgia, pudendal neuralgia, and Complex Regional Pain Syndrome:

- Ethicon: TVT, TVT-Exact
- Boston Scientific: Advantage Fit, Lynx
- Coloplast: Supris

To learn more on the anatomical basis for TOT complications including obturator and pudendal neuralgia and the treatments of obturator and pudendal neuralgia, visit here:

<https://vignallawgroup.com/ebooks/pelvic-mesh-pain/#page=59>

[Click here for a FREE EBOOK](#) on Vaginal Mesh Pain.

For articles, video resources, and information visit the [Pudendal Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>.

[Click here](#) for information regarding sling related complications.

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