

Transobturator Slings: Groin Dissection Necessary and Helpful for Intractable Pain

Literature is supporting the efficacy of groin dissection and the removal of the arms of polypropylene slings for women with intractable pelvic pain

SANTA BARBARA, CA, UNITED STATES, April 18, 2022 /EINPresswire.com/ -- "This case series is one of the few to report functional outcomes, in particular quality of life and sexual quality of life, after tape removal and has one of the highest numbers of TOT removals with tissue-sparing groin dissection. It also highlights that groin dissection has low morbidity and should be offered to patients with mesh complications especially if they have pain," reported Dr. Maria Perrouin-Verbe, Urologist, Nantes, France.

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Greg Vigna, M.D., J.D.

Dr. Maria Perrouin-Verbe reported a cases series of 77 women who required partial mesh removal or complete mesh removal of transobturator slings by way of groin

dissection. Complete removal was performed on 67 of the patients. Results showed that 'Satisfaction rate was high (86%, n=37); 81% (n=35) of the patients considered the surgery successful, 73% (n=33) felt a bit better or much better, 93% (n=40) would still have the surgery if they were in the same situation again, and 95% would recommend this surgery.'

Dr. Greg Vigna, practicing physician, national pharmaceutical injury attorney, and certified life care planner states, "Literature is supporting the efficacy of groin dissection and the removal of the arms of polypropylene slings for women with intractable pelvic pain. This article is part of a growing literature that supports complete mesh removal as the likely best option for women with life-altering groin pain and pelvic pain caused by full-length transobturator slings."

Dr. Vigna adds, "Despite the proven efficacy there remains only a handful of doctors in the United States with the surgical skills to provide this procedure. The American Urogynecological Society (AUGS) has recognized the catastrophic pain syndromes including pudendal and obturator neuralgia are caused by the arms of TOTs in the 2020 Joint Position Statement on the Management of Mesh-Related Complications for the FPMRS Specialist. It is important for AUGS to act now to recognize the few physician members who provide complete mesh removal. It is

imperative that women obtain consultation with a physician with the skills for complete mesh removal, only then will there be a shared patient-physician interaction that is based on actual physician experience of the risks versus benefits of complete mesh removal by physicians who actually know the risk versus benefits of groin dissection.

Dr. Vigna concludes, "The results of this study support that 95% of those who underwent vaginal mesh removal at a center that provides complete mesh removal would recommend the surgical revision surgery. It is very impressive that this study showed outcomes despite 'the mean interval between tape insertion and its removal was 8 years'."

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic injuries and the neurological injuries caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, and complex regional pain syndrome. He represents women who have required groin dissection for transobturator sling related complications with Martin Baughman, PLLC. Ben Martin and Laura Baughman are national pharmaceutical injury attorneys in Dallas, Texas. Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic injuries and the neurological injuries caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, and complex regional pain syndrome.



Dr. Greg Vigna

Symptoms of neurological injury to the pudendal and obturator nerve from the Coloplast Altis and Aris sling include:

- 1) Groin pain
- 2) Hip pain
- 3) Inability to wear tight pants
- 4) Clitoral pain or numbness
- 5) Severe pain that makes vaginal penetration impossible
- 6) Tailbone pain
- 7) Anorectal pain
- 8) Painful bladder
- 9) Pain with sitting

[Click here to learn more](#) on the anatomical basis for TOT complications including obturator and pudendal neuralgia and the treatments of obturator and pudendal neuralgia. Access our [FREE BOOK on Vaginal Mesh Pain](#) and, for articles, video resources, and information visit the [Pudendal](#)

[Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>.

Visit <https://tvm.lifecare123.com/slingebook.html> for information regarding sling related complications.

References:

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<https://www.nice.org.uk/guidance/ng123/resources/urinary-incontinence-and-pelvic-organ-prolapse-in-women-management-pdf-66141657205189>

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