

# Proper positioning of a retropubic sling arms is not reliable

*A study reveals that 25% of arms of retropubic slings are considered malplaced and considered 'too far lateral' which increases neurological risk.*

SANTA BARBARA, CA, UNITED STATES, May 23, 2022 /EINPresswire.com/ -- "There is nothing reassuring about the reliability of proper placement of a retropubic sling, as a well-cited cadaver study reveals that 25% of arms of retropubic slings are considered malplaced and considered 'too far lateral' which increases the risk of ilioinguinal neuralgia, obturator neuralgia, and pudendal neuralgia"...Greg Vigna, MD, JD



Greg Vigna, MD, JD, practicing physician, national pharmaceutical injury attorney, and Certified Life Care Planner states, "Retropubic slings are considered misplaced when the arms of the tape are placed lateral to the arcus tendinous into and through the fascia of the levator ani and obturator internus muscle. This 'too far lateral' position of the arms is believed to increase the risk of neurological injury and myofascial pain. Unfortunately, 25% of retropubic slings placed in a cadaver study revealed that the path of the retropubic sling arms is lateral to the arcus tendinous. In other words, the procedure required to place a retropubic sling is defective because a physician cannot always put the tape in proper position using the best possible care. That leads to foreseeable injury"

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Dr. Vigna adds, "We represent women with symptoms of neurological injuries from retropubic slings consistent with ilioinguinal neuralgia, obturator neuralgia, and/or pudendal neuralgia. To date the manufacturers have not warned of the risk of adjacent nerve entrapment by acute and chronic soft tissue injuries and inflammation caused by the polypropylene mesh. There

continues to be no warning of the risk of entrapment of nerves and the specific pain syndromes that retropubic slings are known to cause including ilioinguinal neuralgia, obturator neuralgia, and pudendal neuralgia.”

Dr. Vigna concludes, “To date, the manufacturer’s Instructions for Use and long-standing common practice of directing the needle towards the ipsilateral shoulder places the arm of the retropubic sling ‘too far lateral’ at the urogenital diaphragm in one in four women. Clearly, the implantation procedure as described by the Instructions for Use is defective. We will be litigating retropubic sling cases for a very long time and we are looking forward to discovery for our retropubic sling neurological injury docket after enduring Covid related delays.”

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

Ethicon: TVT-O, Abbrevio

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 Type 1 and 2:

Ethicon: TVT, TVT-Exact

Boston Scientific: Advantage Fit, Lynx

Coloplast: Supris

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](#)

Read our [FREE BOOK](#) on Vaginal Mesh Pain.

Visit the following link to listen to our podcast from the Vigna Law Group:

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

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



Dr. Greg Vigna

Visit the following for information regarding sling related complications:

<https://tvm.lifecare123.com/slingebook.html>

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