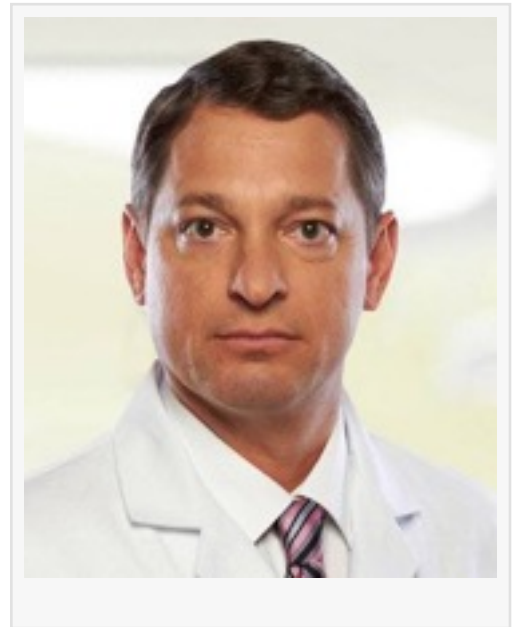


Mid-Urethral Sling Complications: Access to Care - There are a Lot of Injured Women

Kaiser Permanente study showing revision rates of mesh were low by a factor of six at nine years according to a study by the University of North Carolina

SANTA BARBARA, CA, UNITED STATES, November 2, 2022 /EINPresswire.com/ -- Defense experts in the mid-urethral sling litigation have been quoting mesh removal or revision rates in the United States following synthetic mid-urethral slings at 0.7% at 1 year, 1.0% at 5 years, and 1.1% at 9 years based on a Kaiser Permanente study from 2019 involving 17,030 patients treated with mid-urethral slings.

Unfortunately for women who have been implanted with mid-urethral slings, the above surgical revision rate of the mesh was low by a factor of six at nine years according to a study by the University of North Carolina published this year in *Female Pelvic Medicine & Reconstructive Surgery*. The actual rate of surgical revision of a previously implanted mid-urethral sling is 6.6% at 9-years and not 1.1% as reported previously according to this new study. The authors explained the Kaiser Permanente numbers, "This lower rate may be due to patients



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

from one geographic region with Kaiser Permanente insurance, missing data regarding surgery for complications occurring outside the system. We identified 334,601 mesh sling surgical procedures. For sling revision, the 10-year and 15-year risks were 6.9% (95% confidence interval [CI], 6.7–7.0) and 7.9% (95% CI, 7.5–8.3), with 48.7% of sling revisions associated with mesh exposure.”

Dr. Greg Vigna, MD, JD, national pharmaceutical injury attorney states, “It is clear the American Urogynecologic Society (AUGS) has been wrong on the frequency, severity, and latency of mid-urethral sling injuries. Consultations

with providers who have the surgical skills for both partial and complete removal have waiting lists out several months and require travel for most women. Insurance may or may not pay. This is just a disaster and the number of women that this involves is not small and the lines for care

are too long.”

The Joint Writing Group formed by the AUGS and the International Urogynecological Association in 2020 wrote, “Women experiencing mesh complications need to be heard and should have access to resources and providers who are most able to help. Many women require multiple procedures to address their mesh complications, and for some of these patients, relief is incomplete. We should strive to optimize the treatment at the initial diagnosis of a mesh-related complication”

Dr. Vigna concludes, “AUGS has been wrong on polypropylene for a very long time. These are big numbers and women need access to care. Over half of the 7.9% at 15-years who required surgery had surgery for reasons other than erosion into the vagina or for retention of urine. There are a lot of seriously injured women coming soon. Unfortunately, many of them have arrived, and they are in line while the AUGS Board does nothing to improve access to surgical specialists with the skills for complete mesh removal which is has been a standard of care for those with.”

Symptoms of neurological injury from mid-urethral slings 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

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, ilioinguinal neuralgia, and complex regional pain syndrome. Ben Martin and Laura Baughman are national pharmaceutical injury attorneys in Dallas, Texas.

[Learn more on the anatomical basis](#) for TOT complications including obturator and pudendal neuralgia and the treatments of obturator and pudendal neuralgia.

Click the following link to read a FREE BOOK on Vaginal Mesh Pain, <https://vignallawgroup.com/publications/>, and for articles, video resources, and information visit the [Pudendal Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>.

For information regarding sling related complications visit:
<https://tvm.lifecare123.com/slidgebook.html>

Resources:

[https://www.augs.org/assets/1/6/Joint Position Statement on the Management of.99428.pdf](https://www.augs.org/assets/1/6/Joint%20Position%20Statement%20on%20the%20Management%20of.99428.pdf)

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

<https://www.nejm.org/doi/full/10.1056/NEJMoa2111815?af=R&rss=currentIssue>

<https://www.sciencedirect.com/science/article/abs/pii/S0020729210003863>

Dejene, Funk, Pate, Wu. Long-Term Outcomes After Midurethral Mesh Sling Surgery for Stress Urinary Incontinence. Female Pelvic Med Reconstr Surg 2022; 28: 188-193.

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