

Time for Charles Nager MD to Address Complete Mid-Urethral Sling Revision in your "Toolbox"

The American Urogynecologic Society addresses the problems with access to surgeons with the skills to provide both partial and complete mesh revision.

SANTA BARBARA, CA, UNITED STATES, November 18, 2022 /

EINPresswire.com/ -- It is time for the current physician leadership at the American Urogynecologic Society to address the problems with access to surgeons with the skills to provide both partial and complete mesh revision. There are a lot of injured women and

barriers to care. There are lots of injured women and AUGS has got it wrong on the frequency, severity, and latency of injuries.

Facts:



Dr. Nager, The Future Tool Box you referred to must include a sufficient number of physicians with the surgical skills to provide both partial and complete mesh removal."

Greg Vigna, MD, JD

1) "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 (vagina)." (ref:

https://pubmed.ncbi.nlm.nih.gov/34608036/)

Dejene, Funk, Pate, JM Wu. Long-Term Outcomes After Mid-Urethral Mesh Sling Surgery for Stress Urinary Incontinence. Female Pelvic Medicine & Reconstructive Surgery. Volume 28, Number 4, April 2022. (From the

Department of Epidemiology, Gillings School of Global Public Health and Department and Gynecology, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC. 2022)

2) "The ultimate option is to remove the tape, which should not be postponed too long as scarring around the tape progresses over time and makes total removal more difficult and nerve damage may become more irreversible after longer time."... Piet Hinoul, MD.

(ref: https://link.springer.com/article/10.1007/s00192-008-0714-8)

Hazewinkel, Hinoul, Roovers. Persistent groin pain following a trans-obturator sling procedure for stress urinary incontinence; a diagnostic and therapeutic challenge. Int urogynecol J (2009) 20: 363-365.

3) "Complete sling removal was associated with significantly greater percentage of pain resolution compared to partial removal in both retropubic and transobturator slings." (ref: https://pubmed.ncbi.nlm.nih.gov/34474043/)

Department of Urology, University of Arizona, Zeng, Bergersen, Price, Callegari, Austin, Oduyemi, Poling, Hsu, Funk, and Christian Twiss. Urinary Incontinence Following Removal of Painful Midurethral Slings. Urology 159; 78-82, 2022.

4) Polyvinylidene fluoride slings versus Polypropylene PVDF performs well, short-term, in a randomized study when compared with polypropylene slings. (ref: https://pubmed.ncbi.nlm.nih.gov/33259073/)

Sabadell, et al. Polypropylene and polyvinylidene fluoride transobturator slings for the treatment of female stress urinary incontinence: 1-Year outcomes from a multicentre randomized trial. Neurourology and Urodynamics. 2021; 40: 475-482.

Dr. Vigna adds, "I'm hoping that the future will include registries for those implanted with future medical devices as the long-term data from polypropylene slings has come in very bad for women. Improved access to care for every injured woman should be the singular goal for the Board at AUGS."

Dr. Vigna concludes, "All I can do is sue the responsible parties and that is what I intend to do. I am not a physician in this mess and just a lawyer."

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.

To learn more on the anatomical basis for TOT complications including obturator and pudendal neuralgia and the treatments of obturator and pudendal neuralgia, visit: https://vignalawgroup.com/ebooks/pelvic-mesh-pain/#page=59

Read our <u>FREE BOOK</u> on Vaginal Mesh Pain and for articles, video resources, and information visit the <u>Pudendal Neuralgia Educational Portal</u> or <u>https://tvm.lifecare123.com/</u>.

<u>Click here</u> for information regarding sling related complications.

Greg Vigna, MD, JD Vigna Law Group +1 800-761-9206 email us here Visit us on social media: Facebook Twitter LinkedIn

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