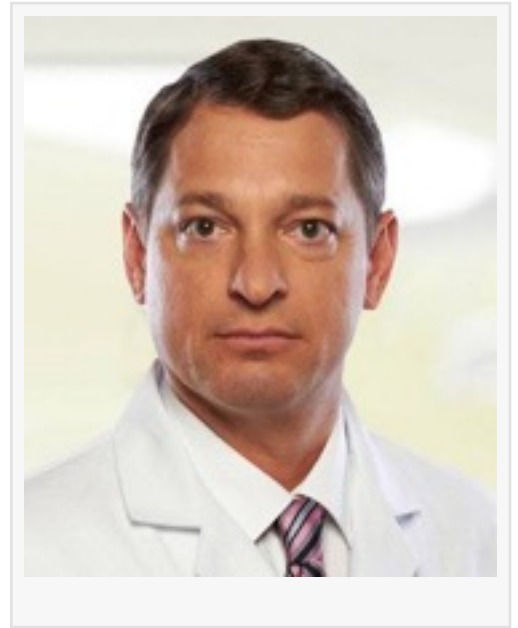


Mid-Urethral Sling Complications: Complete Transobturator Sling Removal is Standard of Care

Patients should know prior-implantation if the surgeon has the skills to provide complete mesh removal as part of an informed consent when complications arise.

SANTA BARBARA, CA, UNITED STATES, April 24, 2024 /EINPresswire.com/ -- "Transobturator tape removal with bilateral groin dissection improves patients' pain and quality of life. It is associated with a high rate of overall satisfaction, low morbidity and an acceptable rate of stress urinary incontinence recurrence compared to partial removal. Groin dissection should be in the armamentarium, available for patients suffering with mesh complications," says Dr. Marie-Aimee Perrouin-Verbe, MD.



Dr. Perrouin-Verbe, MD, reports in BJUI Compass, 2024; 1-11:

"Full transobturator tape removal using a vaginal approach and bilateral groin/para-labial incisions were performed in 67 patients. Chronic pelvic pain was the main indication for mesh removal. Satisfaction rate was high 86% of the patients considered the surgery successful. Seventy percent of patients returned to have a sexual life after surgery. Recurrent stress urinary incontinence was reported in 32% of cases."

“

AUGS has plenty of reasons to act now to ensure that women have access to complete mid-urethral sling removal, and it is all in their literature”

Greg Vigna, MD, JD

Read Dr. Perrouin-Verbe's article, [here](#).

Dr. Greg Vigna, mid-urethral sling attorney states, "The American Urogynecology Society (AUGS) needs to act to

ensure women have access to care they deserve for mid-urethral sling complications. AUGS should provide a list of doctors with the skills to provide both complete mesh removal. In addition, patients should know prior to implantation if the surgeon has the skills to provide

complete mesh removal as part of an informed consent when the inevitable complications arise.”

Dr. Vigna adds, “Dr. Perrouin-Verbe’s article adds to the literature that indicates that complete mesh removal is more effective than partial mesh removal for the treatment of mesh related pain and complete mesh removal is a standard of care. Women with pain from mesh must have the option for partial versus complete mesh removal and that means access to doctors who have the skills to do both.”

Dr. Vigna concludes, “AUGS has plenty of reasons to act now to ensure that women have access to complete mid-urethral sling removal, and it is all in their literature.”

- 1) The arms of retropubic slings cause serious pain syndromes in approximately 1% of women (Duckett, 2005).
- 2) The arms of transobturator slings cause ‘crippling symptoms’ and may require complete mesh removal (Misrai, 2009).
- 3) The arms of transobturator slings cause nerve entrapment (Roth, 2007).
- 4) Secondary nerve entrapment from polypropylene devices occurs months to years after implantation (Possover, 2011).
- 5) Thigh dissection in patients with refractory neurological symptoms following transobturator slings is related to soft tissues impacts from the mesh and not direct nerve injury in an overwhelming majority of women (King, Goldman, 2016, Rigaud 2010).
- 6) Twenty-five percent of women with groin pain following transobturator slings who undergo partial mesh removal for pain, ultimately go onto complete mesh removal (Fuentes, 2021).
- 7) Ilioinguinal neuralgia and pudendal neuralgia are complications of retropubic slings (Lotze, 2011).
- 8) Laterally placed retropubic slings produce an increased risk of pelvic pain (Rigaud, 2010).
- 9) More patients experience groin pain and neurological symptoms after transobturator insertion than retropubic slings (Ford, 2017; Richter, 2010).
- 10) Mini-slings that insert into the obturator internus muscle causes over 2x the dyspareunia without substantially reducing the risk of groin pain when compared to full-length mid-urethral slings (Abdel-Fattah, 2022)
- 11) Complete sling removal in both retropubic and transobturator slings were associated with significantly greater percentage of pain resolution compared to partial removal (Zeng, Twist, 2022)
- 12) Study of 334,601 women with sling procedures. 7.9% cumulative risk of revision at 15-years with over half for reasons other than for erosion into the vagina or urinary retention (Dejene, 2022).

[Greg Vigna, MD, JD](#) is a California and Washington DC lawyer who focuses on catastrophic injuries and the neurological injuries caused by mid-urethral slings including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and complex regional pain syndrome. Ben Martin is national pharmaceutical injury attorneys in Dallas, Texas.

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

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