

Inguinal Hernia Mesh Pain: Selective or Triple Neurectomy With or Without Mesh Removal

Study suggests that surgical triple neurectomy effectively relieves chronic postoperative inguinal pain

SANTA BARBARA , CALIFORNIA , UNITED STATES , April 29, 2024 /EINPresswire.com/ -- "The use of surgical triple neurectomy seems effective and helpful in a high percentage of patients with chronic postoperative inguinal pain (CPIP)" ... Professor Frederik Berrevoet, MD, Ph.D., Department of General Surgery, University Hospital in Ghent.

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As safer alternatives for hernia mesh materials come to market, we expect rates of chronic pain from chronic inflammation to polypropylene and the resulting neuropathic pain to substantially decrease.”

Greg Vigna, MD, JD

What else did Dr. Berrevoet report in her article, “Surgical treatment for chronic pain after inguinal hernia repair: a systematic literature review” in *Langenbeck’s Archives of Surgery*, March 2022?

“Although the precise incidence of chronic pain after hernia repair is unknown, well-conducted, large, unselected epidemiological studies suggested that about 20% of

patients are affected and that in about 12% the intensity of pain is sufficient to impair some aspects of daily activity.

Nociceptive pain derives from tissue damage or inflammation, which stimulates the nociceptors. It may occur after prosthesis mispositioning, dislocation, “meshoma,” excessive inflammatory response to foreign material, or because of periostitis in case of sutures placed over the pubic tubercle. It is usually continuous and present at rest.

Neuropathic pain, otherwise, is subsequent to direct or secondary damage of nervous structures. Paresthesia, allodynia, hyperesthesia, and hypoesthesia accompany this type of pain. Neuropathic pain is usually exacerbated by physical activity.

Selective as well as triple neurectomy, often in combination with mesh removal and removal of suture material, was performed. Success rate, defined as significant or complete relief of pain, ranged from 33 to 100%, with most articles reaching success rates above 70%, showing a clear advantage of surgical therapy for chronic pain.”

Read Dr. Berrevoet's article:

<https://link.springer.com/article/10.1007/s00423-021-02311-9>

[Dr. Greg Vigna, MD, JD](#), national pharmaceutical injury attorney states, "This review is a good starting point to better understand the best way to handle chronic pain following inguinal surgery. Triple neurectomy of the ilioinguinal nerve, iliohypogastric nerve, and the genitofemoral nerve or selective neurectomy can be considered with or without mesh removal."

Dr. Vigna concludes, "As the safer alternative designs for [hernia mesh](#) materials come to the market, we expect the rates of chronic pain from chronic inflammation to the polypropylene and the resulting neuropathic pain to substantially decrease. This pain is known to significantly impair the quality of life for those who suffer with it."

Dr. Vigna is a California and Washington DC lawyer who represents those with chronic abdominal and groin pain caused by hernia mesh devices. Other injuries include intestinal obstruction, fistulas, adhesions, and perforation of the bowel. [Ben Martin](#) is a national pharmaceutical injury attorney in Dallas, Texas. The lawyers represent hernia mesh victims in courts across the country.

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