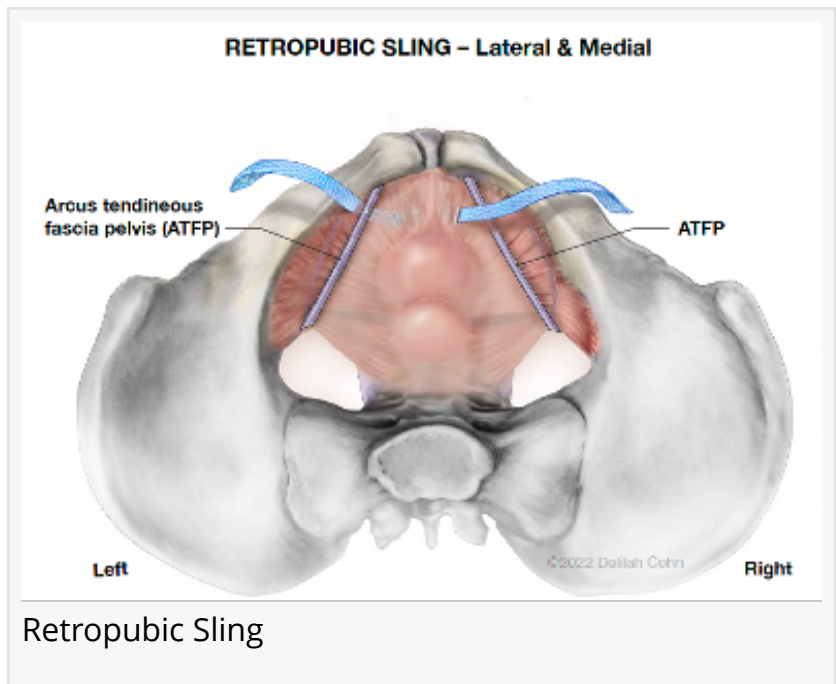


# Mid-urethral Sling Complications: Early Complete Mesh Removal for Groin Pain

*Dr. Vigna stresses that acute groin pain after mid-urethral sling surgery often indicates nerve injury and requires prompt mesh removal*

SANTA BARBARA , CA, UNITED STATES, December 17, 2024 /

EINPresswire.com/ -- "When patients report lower limb or groin pain immediately after surgery, injury to the obturator or pudendal nerve is often suspected, and mesh removal most often cures the pain. When isolated pain occurs later on after mid-urethral sling insertion, the first-line treatment is often medical," states Camille Armengaud, MD.



Read Dr. Armengaud's article "Serious complications and recurrences after retropubic versus transobturator mid-urethral sling procedures for 2682 patients in the VIGI-MESH register":

<https://www.sciencedirect.com/science/article/abs/pii/S0002937823020549>

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Acute groin pain and difficulty walking following a mid-urethral sling procedure usually calls for complete mesh removal immediately or within a few days.”

*Greg Vigna, MD, JD*

[Dr. Greg Vigna, MD, JD](#), Board Certified Physical Medicine and Rehabilitation and neurological injury attorney states, “Immediate, intractable groin pain and difficulty walking following a retropubic, transobturator, and single-incision sling is a complication that requires timely removal.”

Dr. Vigna continues, “Regardless of the type of mid-

urethral sling, when acute groin pain and difficulty walking arises, it usually calls for complete mesh removal immediately or within a few days. What it does not call for is reassurance by the implanting physician that the pain will go away.”

What does “Severe affection of the obturator nerve in a young patient after tension-free vaginal sling placement: Case report of a rare complication and review of the literature” published in the J Case Rep Images Obstet Gynecol 2023;9(1):53–58?:

“Neurologic complications due to obturator nerve injury after retropubic sling insertion are very rare. The less experienced surgeon may be tempted to use a more lateral way, being afraid to injure the bladder. In our case, we suspected that this may have been the case because the skin incisions, especially on the left side, as described before, were placed too far laterally towards the groin.

A prompt clinical diagnosis and early loosening and removal of the sling would certainly have been easier—two weeks after implantation the sling was already well integrated into the surrounding tissue.”

Read Dr. Joser’s article: <https://www.ijcriog.com/archive/2023/pdf/100146Z08VJ2023.pdf>

Dr. Vigna concludes, “Laterally placed retropubic slings cause life-altering pain syndromes that require early, effective management that includes complete mesh removal. We are evaluating retropubic sling injuries caused by laterally placed retropubic slings that are identified at the time of complete mesh removal.”

Dr. Vigna 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 a national pharmaceutical injury and malpractice attorney in Dallas, Texas.

Click here for a free book on [Vaginal Mesh Pain](#).

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