

Early Groin Pain Following Retropubic Sling Requires Early or Immediate Complete Sling Removal

Groin pain after retropubic sling may signal obturator nerve injury from lateral placement, and early, complete mesh removal is often necessary for relief

SANTA BARBARA, CA, UNITED STATES, July 1, 2025 /EINPresswire.com/ -- "Immediate post-

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Immediate or early pain in the inner leg, thigh, and/or hip following a retropubic mid-urethral sling requires early and complete removal of the device."

Greg Vigna, MD

operative groin pain after placement of a retropubic sling is consistent with a sling placed too far laterally, impacting the obturator nerve. The standard of care in such cases is early and complete mesh removal," states Greg Vigna, MD, JD.

Dr. Greg Vigna, MD, JD, national malpractice and product liability attorney, states, "Immediate or early pain in the inner leg, thigh, and/or hip following a retropubic midurethral sling requires early and complete removal of the

device."

What does Dr. Camille Armengaud report in the article "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 Dr. Camille Armengaud's 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.

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."

Read Dr. Camille 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/50002937823020549

<u>Dr. Vigna</u> adds, "Laterally placed retropubic slings cause life altering pain syndromes that require early and effective management, including complete mesh removal. When the sling arms are placed too far laterally, they can enter the muscle beyond the arcus tendineus, placing them near the obturator nerve. This can cause soft tissue injury, muscle spasms, and contractions that affect the adjacent pudendal nerve."

Dr. Vigna concludes, "Twenty-five percent of women who undergo partial mesh removal eventually require another surgery to attempt complete mesh removal due to intractable pain. We are examining cases where doctors only prescribe pelvic floor physical therapy for early intractable pain following a mid-urethral sling."



Dr. Greg Vigna

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic injuries and neurological injuries caused by mid-urethral slings, including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and complex regional pain syndrome. Dr. Vigna jointly litigates these cases with the Ben Martin Law Group, a Dallas pharmaceutical injury law firm who provides national representation.

Click here for a free book on Vaginal Mesh Pain.

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