

Polypropylene Mid-urethral Slings: Complete or Partial Mesh Removal

Complete mesh removal may improve outcomes, and all treatment options should be discussed to support informed consent

LOS ANGELES, CA, UNITED STATES, August 27, 2025 /EINPresswire.com/ -- “All management options, including non-surgical or surgical, with either partial removal or complete removal, need to be presented to allow for informed consent,” states Dr. HG Krause, MD.

“

Early and complete mesh removal is recognized as the preferred treatment for leg pain after retropubic sling or transobturator sling procedures. However, some women are not being offered this option.”

Greg Vigna, MD, JD

What does Dr. Krause report in “Techniques for total excision of retropubic and transobturator midurethral mesh slings” in the New Zealand Continence Journal, April 22, 2024?

“While the procedures for inserting retropubic or transobturator mesh slings are classified as minimally invasive, the comprehensive removal of these slings can

prove substantially more intricate, necessitating more extensive dissections.

To date, the authors have been successful in achieving total excision of full-length retropubic and transobturator mesh slings in all cases where total excision was planned (over 150 cases), using the described techniques.

Retropubic mesh arms can exhibit considerable variability in their path... mesh arms in such atypical placements are presumed to carry a higher risk of unintended complications, including chronic pain.

Path through the obturator foramen: The path that the sling takes through the obturator foramen can exhibit variability. Surgeons should be prepared for diverse trajectories through this anatomical region.”

Read Dr. Krause’s article: <https://www.publish.csiro.au/cj/pdf/CJ24026>.

[Dr. Greg Vigna, MD, JD](#), national malpractice and product liability attorney, states, “We represent

women who suffer acute pain in the inner leg, thigh, and groin following placement of a retropubic sling or transobturator sling who are not offered timely complete mesh removal, which represents the standard of care."

What did Dr. Mengerink report in "Pain after midurethral sling; The underestimated role of mesh removal" published in the Central European Journal of Urology, 2021, 74; 541-546?

"This study aimed to evaluate the results of sling removal in women with MUS-related pain without any objective reason for pain.

Almost one out of four patients reported to be completely pain-free. Complication rates of MUS removal were low.

Although 52% of patients reached an acceptable level of pain, 48% needed additional treatment.

In terms of pain resolution, postponing new SUI treatment should be considered until pain treatment is optimized"

Read Dr. Mengerink's article: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8771130/pdf/CEJU-74-138.pdf>

Dr. Vigna adds, "For over a decade, early and complete mesh removal has been recognized as the preferred treatment for leg pain following retropubic sling or transobturator sling procedures. However, some women are not being offered this option. We represent women with acute inner leg, thigh, and hip pain following mid-urethral sling placement who were not provided timely removal, despite these devices being associated with obturator, pudendal, and ilioinguinal neuralgia."

Dr. Vigna is a California and Washington, D.C., 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. Dr. Vigna jointly litigates these cases with [Ben Martin Law Group](#), a Dallas pharmaceutical injury law firm that provides national representation.

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



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