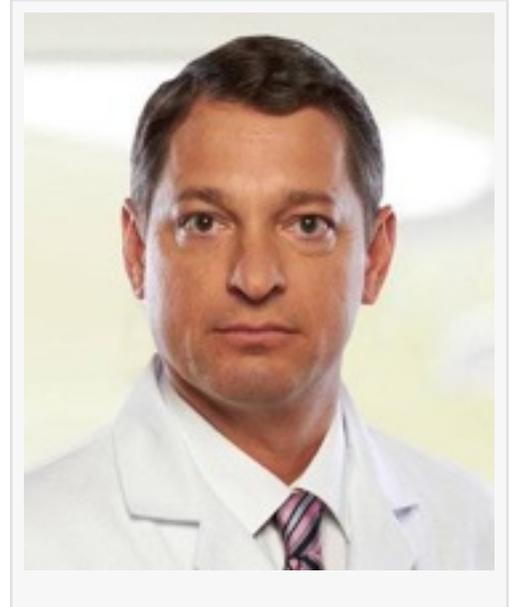


# Aggressive Treatment Approach to Pudendal Neuralgia Offered in Australia

*In Australia, a case report of a women with PN, IC, & PGAD had an excellent clinical response with bilateral pudendal nerve decompression combined with SNS, PNS*

SANTA BARBARA, CA, UNITED STATES OF AMERICA, August 27, 2019 /EINPresswire.com/ -- 'Pudendal neuralgia (PN), interstitial cystitis (IC), and persistent genital arousal disorder (PGAD) are complex pelvic neuropathies with significant clinical intersection' all responsive to neuromodulation therapies as reported by [Dr. Georgina Armstrong](#) from the Department of Obstetrics and Gynecology at Royal Hospital for Women in Sydney, Australia. In Dr. Armstrong's case report of a women with PN, IC, and PGAD she had an excellent clinical response with bilateral pudendal nerve decompression combined with sacral nerve stimulation (SNS) and pudendal nerve stimulation (PNS).



Pudendal neuralgia is a well described clinical entity characterized by pain in the perineum, anorectal pain, dyspareunia (painful sexual penetration), clitoris numbness or hypersensitivity, painful bladder filling, and bladder and bowel dysfunction. PN is caused by all transobturator polypropylene sling (TOT) devices including the Boston Scientific Obtryx, Ethicon TVT-O, and the Coloplast Aris, and every mini-sling including the Boston Scientific Solyx and the Coloplast Altis, either acutely from blind placement of the arms of the device that directly may injure the pudendal or obturator nerve or overtime as the defective device shrinks and causes inflammation of the obturator internus muscle which forms the wall of Alcock's canal where the pudendal nerve travels. This inflammation will cause scar tissue which can directly compress the nerve or pull on the nerve as adjacent contracts.

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*Dr. Greg Vigna*

Interstitial cystitis is referred to as Painful Bladder Syndrome or Painful Bladder Filling Syndrome and is

believed to be caused by several mechanisms including PN. The bladder becomes hypersensitive to normal stretching during bladder filling and this normal filling is perceived as pain. Neuromodulation has been used for years for IC as it has been for the treatment of PN.

Persistent genital arousal disorder is caused by compression of the pudendal nerve anywhere along its path including the sensory nerve of the pudendal to the clitoris. These women have ongoing spontaneous arousal not relieved by orgasm or arousal with non-sexual stimulation such as wearing tight pants. Women may have hundreds of orgasms a day and sometimes can only be relieved by placing ice on the clitoris. Pudendal nerve blocks and neuromodulation have proven to provide some relief to PGAD.

Dr. Greg Vigna, national pharmaceutical injury attorney, practicing physician, and certified life care

planner says, "The vaginal mesh debacle has resulted in thousands of women with catastrophic injuries including this 'clinical intersection' of PN, IC, and PGAD. The FDA has banned all the remaining vaginal mesh devices used for pelvic organ prolapse (POP) from the market that cause any of the pelvic neuropathies in this 'clinical intersection'. Mercifully the POP devices such as the Prolift, Uphold, Apogee, Elevate, Proxima, and Pinnacle are off the market. Unfortunately, despite logic and reason, the TOT devices remain."

For articles, video resources, and information on the neurological complications of TVM visit the [Pudendal Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>. We also have a [new eBook](#) discussing the consequences of sling implantation.

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