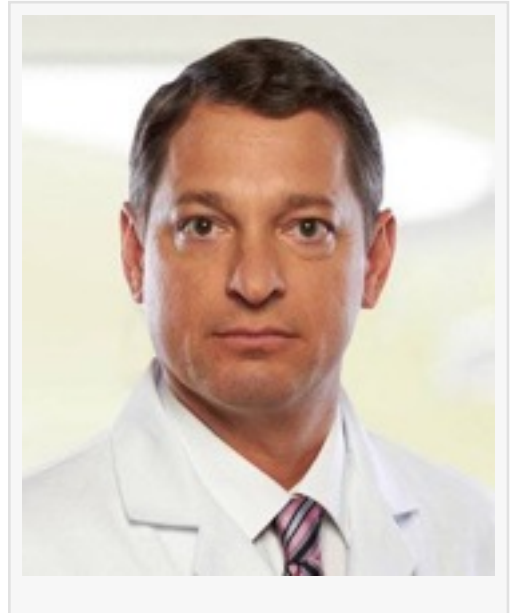


# Obturator Neuromodulation: Peripheral Nerve Stimulation Now An Option

*Peripheral nerve stimulation (neuromodulation) has been proven effective in the treatment of pudendal neuralgia.*

SANTA BARBARA, CA, UNITED STATES, October 30, 2019 /EINPresswire.com/ -- [Obturator neuralgia](#) was once an exceptionally rare diagnosis of chronic pelvic pain, a diagnosis that a busy orthopedic surgeon would seldom, if ever, encounter over the course of a career and then only in the most catastrophic of all cases of pelvic trauma. Since 2005, transobturator slings began to enter the marketplace for the surgical management of stress urinary incontinence (SUI) that by their design placed the nerve in peril to direct injury by blind placement of the arms of the device through the obturator foramen—the canal in the pelvic bone that the nerves, arteries, and veins pass through from the pelvis to the groin.



Anatomic studies of the obturator nerve in the thigh reveal significant variability of the branches of the nerve that place them in danger of direct injury by the thigh component of the transobturator (TOT) slings. Manufacturers understood the risk of nerve injury and attempted to mitigate that risk through the use of mesh. Mitigation of injury to the obturator nerve branches in the thigh was thought to be reduced by the design and use of mini-slings carrying a tissue fixation device to hook into the obturator membrane and obturator internus muscle without a thigh component. Unfortunately, subsequent studies showed there was an insignificant decrease in the risk of obturator nerve injury and thigh pain from these devices compared to the traditional transobturator slings.

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A whole new medical field has been developed because of the severe complications caused by the vaginal mesh called 'meshology'."

*Dr. Greg Vigna*

Essentially, the “outside to in” TOTs on the market, including the American Medical System Monarc, the Coloplast Aris, the Boston Scientific Obtryx, and the “inside to out” Ethicon TVT-O, by their very design places the obturator nerve in direct peril—inevitably because of the

blind placement of the device. The mini-slings including the American Medical System MiniArc, Boston Scientific Solyx, and the Coloplast Aris do not mitigate injury to the obturator nerve because of the blind placement of the device and did little to decrease the risk of thigh pain.

Peripheral nerve stimulation (neuromodulation) has been proven effective in the treatment of pudendal neuralgia. Dr. Richard Marvel in Annapolis Maryland has successfully treated a woman with severe groin pain from obturator neuralgia who had failed medication management, nerve blocks, physical therapy, surgical neurolysis, and spinal cord stimulation. With implantation of an intermittent pulse generator she was weaned off all pain medicines, antidepressants, and membrane-stabilizing medications.

Dr. Greg Vigna, practicing physician, national pharmaceutical injury attorney, and Certified Life

Care Planner states, "A whole new medical field has been developed because of the severe complications caused by the vaginal mesh called 'meshology'. Academic obstetrics and gynecology departments across the country are trying to meet the needs of injured women, and many are developing comprehensive pelvic pain centers. Logic and reason calls for an end to the placement of vaginal mesh devices."

Dr. Vigna goes on to say, "Until then, my team of national pharmaceutical injury attorneys will be busy litigating cases for the neurologically injured across the country."

For articles, video resources, and information 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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