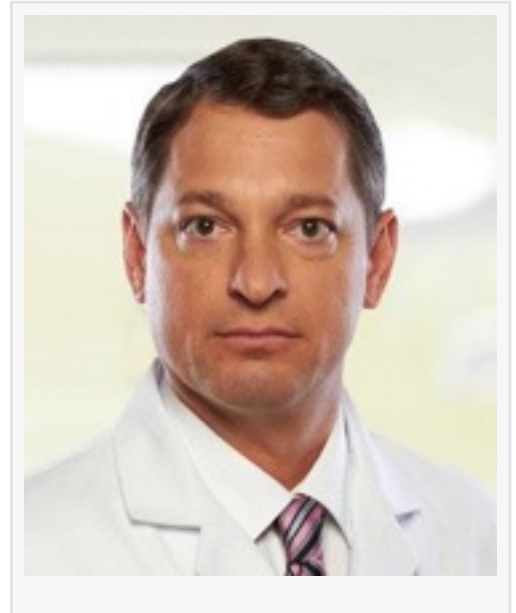


Retropubic Vaginal Mesh Sling Nerve Injuries: Largely Untreated

Thousands of women with Ilioinguinal neuralgia have largely been ignored by the urogynecology community even though the condition can be severe.

SANTA BARBARA, CA, UNITED STATES, November 6, 2019 /EINPresswire.com/ -- Ilioinguinal neuralgia is the foreseeable complication in retropubic transvaginal mesh sling placement and was first reported in the literature in 2002 in the International Urogynecology Journal. Since that time, thousands of women with this injury have largely been ignored by the urogynecology community even though the condition can be severe, leading to intractable pelvic and groin pain and dyspareunia—a condition that makes normal sexual function virtually impossible. The lack of recognition of the condition or its management despite proven treatments is an emerging medical issue.



Anatomical studies of the ilioinguinal nerve reveal that its 'normal' course is exceptionally similar to the retropubic arm of the transvaginal tape (TVT). Injuries can be direct and immediate from the trocar itself during blind placement of the polypropylene mesh device or there may be latent injuries over time as the device degrades and contracts causing compression or traction injuries from scar tissue. This results in symptoms of burning pain that may be constant or intermittent and the pain is exacerbated by hip extension. One will sometimes see allodynia from the "hair line" to the labia majora and into the groin which makes [wearing tight pants impossible](#).

“

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Dr. Greg Vigna

Treatment of ilioinguinal neuralgia caused by a TVT calls for mesh removal. Unlike transobturator (TOT) sling complications where many urogynecologists avoid complete mesh removal, even in cases where there is clearly obturator nerve injury from the TOT, most urogynecologists will offer complete retropubic TVT sling removal. There are reports in the literature where the ilioinguinal nerve has been inadvertently sacrificed during sling removal with the ilioinguinal nerve found on the

mesh arms during pathology examination as the explanting physician usually does not diagnose the neuralgia preoperatively. Those physicians are also not prepared to provide a neurolysis at the time of TVT mesh revision surgery. Neurolysis is the removal of scar tissue or mesh from a compressed nerve that does not involve cutting the nerve.

Why is ilioinguinal pain not diagnosed as women continue to suffer? The obstetric gynecology medical profession many times will treat allodynia which can be a clinical sign and symptom of neuralgia instead as vulvodynia. Women who can't wear tight pants because of pain from friction and also have pain with superficial penetration of the vagina are also given the diagnosis of vulvodynia and the analysis by an overwhelming majority of the gynecology and

urogynecology profession stops there. Women with vulvodynia following a retropubic sling sometimes undergo complete mesh removal. Some improve and some don't following revision surgery. Those who continue with neuropathic pain sometimes become victims of cessation of treatment altogether as their physicians believe they have nothing left to offer those patients but are simply not informed that there are treatment options available for ilioinguinal neuralgia post revision surgery.

Clearly, women with intractable pain caused by a TVT sling that remain symptomatic after complete mesh removal deserve treatment. It starts with a diagnosis then referral to a physician trained in treating this diagnosis. Ilioinguinal neuralgia has been effectively treated for decades as a complication of inguinal hernia surgery with or without mesh. Treatments include neurolysis, neurectomy, or neuromodulation including radiofrequency. Implantable neurostimulators have been shown clinically to be effective.

Greg Vigna, MD, JD, practicing physician, national pharmaceutical injury attorney, and Certified Life Care Planner states, "Obviously Boston Scientific, Coloplast, American Medical Systems, and Ethicon have not warned the implanting physicians of this predictable and inevitable complication of their devices as very few women are getting treated post-revision surgery and these manufacturers have failed to warn physicians of the magnitude of the risk of crippling pain caused by the TVT. My team of national pharmaceutical injury attorneys are filing multiple ilioinguinal neuralgia cases across the country for disabling injuries caused by the Ethicon TVT and Boston Scientific Advantage Fit retropubic sling including those injuries of ilioinguinal neuralgia."

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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