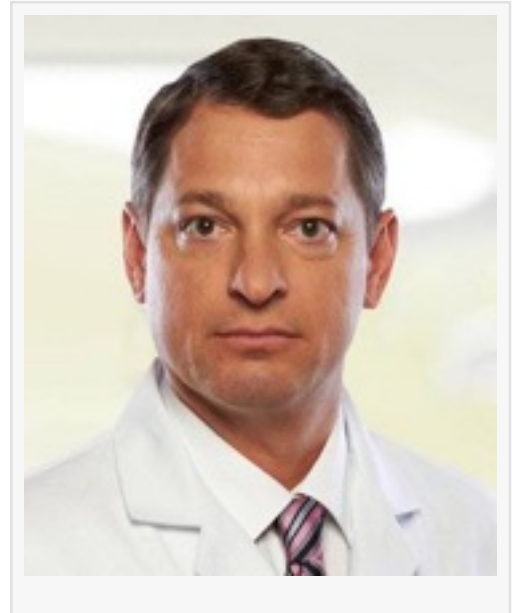


Newly Injured Vaginal Mesh Victims: Fighting for Health and Financial Survival

Access to medical care is essential for medical stability yet a difficult path remains for injured women given the barriers between them & needed medical care.

SANTA BARBARA, CA, UNITED STATES, November 8, 2019 /EINPresswire.com/ -- Many women with [catastrophic pain syndromes](#) from the transvaginal (TVM) mesh debacle will choose to file lawsuits early as they know their economic reserves to financially survive during the pendency of a lawsuit may dwindle. Unfortunately, besides economic survival, there remain significant barriers to the receipt of adequate medical care just to attain some level of medical stability while dealing with their injuries much less a lawsuit.



Access to medical care is essential to obtain medical stability, and a difficult path remains for injured women given the barriers between them and the medical care they may need. The failure of the American Urogynecology Society (AUGS) to even recognize much less meet the medical needs of the injured astounds. The barriers to care are overwhelming for women with those often unrecognized neurological injuries caused by TVM devices.

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Dr. Greg Vigna

A typical mesh victim’s story: A 38-year-old undergoes a transobturator (TOT) sling and has acute groin and pelvic pain following surgery, preventing her from working as an ICU Nurse. She is re-assured by her implanting physician that her pain should improve. Unfortunately, it does not improve, and she develops anorectal pain and can’t even sit. Her implanting urogynecologist provides partial mesh removal eight weeks after implantation, leaving the arms of the Obtryx sling in the groin. She doesn’t improve, and she is prescribed physical therapy and vaginal valium in an attempt to alleviate her pain. She loses her health benefits

and can’t afford the “Cobra” insurance she desperately needs. Uninsured, she applies for her state’s Medicaid program and retains a lawyer—now three months after implantation. Her implanting doctor tells her he doesn’t know what to do for her and that she should go to a pelvic pain specialist. She learns from other injured women on internet blogs and posts that she may have pudendal and obturator neuralgia. She desires surgical removal of the arms of the mesh.

Barriers to medical stability: 1) Medicaid doesn’t pay for out of state care, 2) It takes two years to qualify for Medicare after qualifying for social security disability, 3) Pudendal neuralgia is usually recognized by Social Security as a qualifying condition for benefits, but she hasn’t received the diagnosis as there are very few pudendal nerve experts in the country, 4) It takes two to four months to see a urogynecologist who might provide complete mesh removal, 5) Travel expenses for essential care are high 6) Bills are piling up as she suffers with catastrophic pain interfering

with her ability to work, 7) If her pain doesn't improve following complete mesh removal then she may become a candidate for pudendal nerve decompression or neuromodulation but only after six months after complete mesh removal, and 8) Ongoing disability and depression remain a constant.

Greg Vigna, MD, JD, practicing physician, national pharmaceutical injury attorney, and Certified Life Care Planner states, "Women need to obtain medical stability for their ensuing fight—both economic and legal—in order for their legal team to best fight for them. That fight includes the retention of experts on medical care and its costs, life expectancy, and economic damages including vocational losses. With proper care, injured women can improve, and that is what the goal should be for all concerned. What we all should want is for the women suffering from pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and complex regional pain syndrome from mesh devices to improve, get better, and heal."

Dr. Vigna adds, "My team of national pharmaceutical injury attorneys are filing cases very quickly as these women are on a financial cliff from disabling injuries and need a path to compensation. Clearly the path to medical stability remains difficult as there are thousands of women with longer existing injuries who require ongoing care from the few doctors with the skills to manage them, and there are newly injured women whose injuries come from retropubic and TOT slings that continue to be implanted into the bodies of women even today. Lessons seem not to have been learned from the previously "asymptomatic" implanted TVM devices that are now degrading and contracting causing new 'latent' neurological injury."

For articles, video resources, and information visit the [Pudendal Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>. Find out more about the consequences of sling implantation in our [latest eBook](#).

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