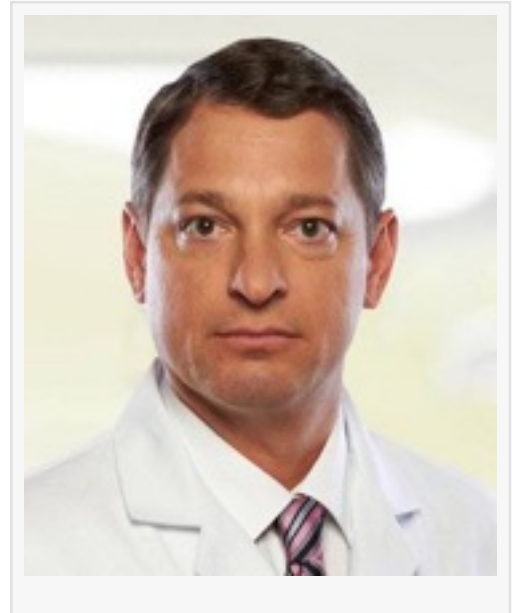


Retropubic Sling: Catastrophic Pain Syndromes Finally Getting Attention

Nearly 200,000 transvaginal mesh devices are placed into women each year, which cause foreseeable and unavoidable neurological injuries and life-altering pain.

SANTA BARBARA, CA, UNITED STATES, April 1, 2020 /EINPresswire.com/ -- Nearly 200,000 [transvaginal mesh](#) (TVM) polypropylene sling devices are placed into women in the United States each year, many of which cause foreseeable and unavoidable neurological injuries and life-altering pain syndromes. Very few women are warned that the device is implanted blindly, and each type of sling device places specific nerves in peril. These nerves can be acutely injured during the blind placement or over time as the polypropylene device is not inert, and it will contract, degrade, and create scarring and perpetual inflammation—placing the nerves at risk for compression and traction injuries.



Studies indicate that neuromuscular complications are far more common in women implanted with [transobturator](#) (TOT) slings than [retropubic](#) slings. Neurological symptoms and pain from neuralgia caused by the TOT device arise from injuries to the pudendal and/or obturator nerves. Pudendal neuralgia and obturator neuralgia have symptoms which may include pain with sitting, painful bladder filling, tailbone pain, inability to wear tight pants because of pain in the perineum, numbness of the clitoris, pain with sexual intercourse, groin pain, anorectal pain, and bowel and bladder dysfunction.

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Dr. Greg Vigna

Dr. Greg Vigna, national pharmaceutical injury attorney, practicing physician, and Certified Life Care Planner notes that retropubic slings are also dangerous, “Blind placement of the retropubic slings place the ilioinguinal nerve in peril as normal anatomic variation can bring the nerve more

medial and the nerve can become acutely injured or can be injured by traction over time as the device shrinks and degrades. Ilioinguinal neuralgia presents as pain at the hairline to the labia majora to the groin.”

Dr. Kenneth Peters, the North American authority on pelvic pain neuromodulation, published an article in *Surgical Techniques in Urology*, in March 1, 2020 where he applied an electrode in the retropubic space at the site of a mesh injured woman’s pain which was along the previous track of her retropubic sling. The woman had suffered for over a decade of pain after a failed retropubic sling. Twelve months after permanent stimulator placement, the injured woman continues to have greater than 90% improvement in her pain.

The article describes a woman who had suffered severe debilitating pain and neuromodulation who is now improved. Dr. Vigna states, “It would have been helpful to understand from reading

the article if she had symptoms of neuralgia and/or complex regional pain syndrome, but the article isn't descriptive of her pain. Dr. Peters believed that her pain may have been caused by an aberrant branch of the pudendal nerve. Considering she had no relief with a previous attempt at pudendal nerve neuromodulation, I would think that Complex Regional Pain Syndrome Type 1 with or without ilioinguinal neuralgia may be in the differential diagnosis since both diagnoses are known to respond to peripheral neuromodulation."

Dr. Vigna concludes, "These devices cause life-altering pain from nerve injury caused by specific defects in the various devices. Dr. Peters should be commended as he obviously believed this woman had serious pain, and he tried trigger point injections, Botox, pudendal nerve stimulation, and finally placement of an electrode at the specific site of pain. He pushed the envelope to help her. Peripheral nerve neuromodulation is a simple procedure, and safe with little downside risk. Hopefully others will begin to use Dr. Peters' described treatment for refractory, mesh-induced chronic pelvic pain as access to care remains poor because of the inaction of the American Urogynecologic Society (AUGS) and the American College of Obstetricians and Gynecologists (ACOG)."

[https://www.goldjournal.net/article/S0090-4295\(19\)31007-6/fulltext](https://www.goldjournal.net/article/S0090-4295(19)31007-6/fulltext)

Greg Vigna, MD, JD, operates a California and Washington DC law firm and has teamed up with Martin Baughman, a national pharmaceutical injury trial law firm from Dallas, Texas, and together they represent women with catastrophic pain syndromes whose claims are proceeding down the path to justice.

To learn more about the neurological injuries get your FREE copy of Dr. Vigna's book, Pelvic Mesh Pain at <https://vignallawgroup.com>

For articles, video resources, and information, visit the Pudendal Neuralgia Educational Portal (<https://pudendalportal.lifecare123.com/>) or <https://vignallawgroup.com>

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