

Vigna Law Group: Cauda Equina Failure to Timely Diagnose and Treat

Cauda equina syndrome causes compression of the spinal nerves. It's a neurological emergency that must be identified and fast tracked to the operating room.

SANTA BARBARA, CA, UNITED STATESS, December 15, 2020 /EINPresswire.com/ -- "The failure to timely diagnose and treat acute cauda equina syndrome will likely be a battle of the experts in the courthouse. What is important is identification of every failure by medical providers to identify RED FLAG WARNING SIGNS," states Greg Vigna, MD, JD.

Cauda equina syndrome is the result of massive herniated discs, epidural hematomas, or spinal infections that cause compression of the spinal nerves in the lumbar spine. Regardless of the cause it is a neurosurgical emergency that must be timely identified and fast tracked to the operating room. Any failure to diagnose and any unnecessary delay to get the patient to the operating room is negligent conduct that supports a claim for malpractice. The hotly



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contested issue is whether the negligent conduct will make a difference in the outcome as future care can be over \$600,000 per decade of life remaining plus other economic loss including vocational disability.



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RED FLAG WARNING SYMPTOMS of Cauda Equina Syndrome include:

- 1)Bevere back pain
- 2)Genital numbness
- 3) Drinary retention, difficulty voiding, incontinence of urine
- 4) \square onstipation, inability to evacuate bowels
- 5)Bilateral leg pain, weakness, numbness

Greg Vigna, MD, JD, practicing spinal cord injury physician, national neurological injury attorney, and Certified Life Care Planner states, "We represent clients who have suffered this serious injury who presented to hospitals in time to be saved from catastrophic permanent neurological injury but the failure to diagnose and treat results in chronic neuropathic pain, sexual dysfunction, paralysis, and bowel and bladder incontinence. The RED FLAG WARNING SYMPTOMS are often missed by triage nurses, physician assistance, nurse practitioners, and physicians. In other cases, physicians identify the diagnosis but fail to treat the diagnosis as a neurological emergency. Every hour makes a difference in patient outcome. It is generally considered that patients must get to the operating room within 48 hours of the development of urinary retention."

Dr. Vigna adds, "The Defense will argue that there is no 48 hour window or the damage was done immediately at the onset of neurological compression to fit the circumstances of the case. We look at every interaction in the hospital of our clients and many times we can identify ongoing loss in neurological strength from delays in diagnosis and treatment."

Dr. Vigna adds, "Hospitals have been cutting costs and substituting physicians for nurse practitioners and physician assistants who simply don't have the skill, knowledge, experience, and training to provide care in hospitals which is the place of last resort for the sick and injured. Hospital systems should be investing money to bring the most experienced and talented physicians on board and pay them accordingly. Unfortunately, that is not happening and avoidable bad outcomes continue with patients who suffer spinal cord injury and cauda equina syndrome."

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic neurological injuries. He is a practicing physician, Certified Life Care Planner, an expert on spinal cord injury, cerebral palsy, cauda equina syndrome, stroke, and traumatic brain injury. He is an expert in neurological pain syndromes caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and Complex Regional Pain Syndrome. He represents serious neurological injuries across the country with Martin Baughman, a Dallas, Texas firm. Ben Martin and Laura Baughman are national pharmaceutical injury trial attorneys and personal injury lawyers in Dallas, Texas.

Click here <u>to learn more</u> on the anatomical basis for TOT injury or irritation to the obturator and pudendal nerve and the treatments of obturator and pudendal neuralgia.

Click here for a <u>FREE BOOK on Vaginal Mesh Pain</u>. For articles, video resources, and information visit the <u>Pudendal Neuralgia Educational Portal</u> or visit <u>https://tvm.lifecare123.com/</u>. Access information regarding sling related complications by visiting https://tvm.lifecare123.com/slingebook.html

References:

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