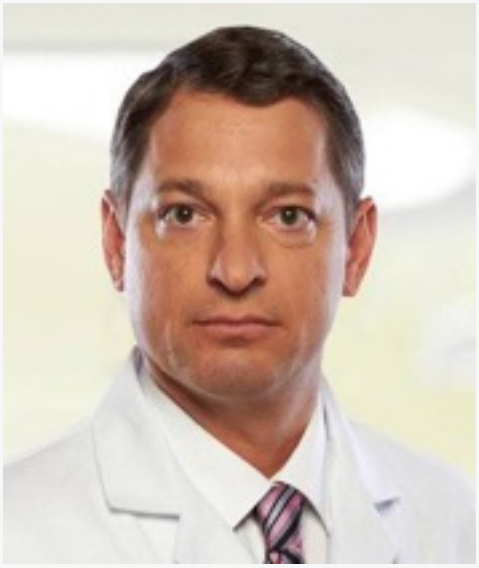
Vaginal Mesh Is Not Inert Resulting in Ongoing Damage to Muscles and Nerves

Polypropylene mesh causes acute, chronic inflammation that cause pelvic floor myalgia, hip adductor myalgia (groin pain), pudendal and obturator neuralgia



SANTA BARBARA, CA, UNITED STATES, July 11, 2020 /EINPresswire.com/ -- The polypropylene mesh of transobturator (TOT) slings, commonly used in the surgical management of stress urinary incontinence (SUI), are designed to pass into the groin and through the thigh to provide a hammock-like support to the urethra. During the blind implantation procedure, the arms of the mesh pierce the obturator internus muscle and gracilis muscle, and anatomical studies prove that it passes into the adductor brevis muscle 25% of the time and adductor longus muscle 75% of the time as the arms of the sling pass out of the both thighs. Unfortunately, polypropylene mesh is not inert and causes acute and chronic inflammation that cause pelvic floor myalgia (muscle pain), hip adductor myalgia (groin pain), and pudendal and obturator neuralgia.

> We are also representing clients with... injuries caused by both TOT sling devices and transvaginal mesh devices used in the treatment of pelvic organ prolapse. ”
>
> *Dr. Greg Vigna*

Acute pain mechanisms following implantation include injury to the muscles of the pelvis and groin, direct injury to the obturator nerve, and indirect compression or traction to the obturator and pudendal nerves from muscles spasms related to muscle injuries from the mesh and trocars. Obturator nerve injury or irritation results in groin pain, hip pain, and sometimes numbness or burning on the inner thigh. The pudendal nerve becomes irritated by compression or traction by spasm of the obturator internus muscle that is anatomically adjacent to the pudendal nerve as the nerve passes from the spine into the pelvis. Pudendal nerve irritation causes a variety of symptoms which may include severe perineum pain, inability to wear tight pants, clitoral numbness or pain, constipation, tailbone pain, dyspareunia (pain with vaginal intercourse), constipation, and painful bladder filling.

Unfortunately, polypropylene is not inert and leads to nonanatomic pathological state that has the potential to cause new onset, insidious pain sometimes years after implants. Following mesh implantation there is life-time inflammation to the muscles and soft tissues of the pelvis and groin caused by mesh that results in excessive scarification, contraction and shrinkage of the mesh, and perpetual oxidative radical formation within the hypoxic interface between the mesh and healthy pelvic tissue. These pathological states occur in all women with vaginal mesh and provides the biological nexus between pain from nerves and muscles, Complex Regional Pain Syndrome, and pudendal neuralgia and obturator neuralgia by compression and/or traction. Latent injuries to the pudendal and obturator nerves occur years after implantation by way of compression and traction resulting in pudendal neuralgia and obturator neuralgia.

TOT slings have arms that pass through multiple compartments of the pelvis and thigh, piercing muscles at various angles along the way creating a non-anatomical state. TOT slings are NOT tension free as claimed by the manufacturers as the arms are often densely adhered to bone, often requiring bone cutters or ruggers to cut the mesh off the bone. Tension is created between adjacent vital structures of the leg and pelvis connected by the mesh which is exacerbated by ongoing scarification, shrinkage of the mesh, and the perpetual inflammation. Any of these mechanisms may cause traction injuries and compression injuries to nerves and muscle pain (myalgia) sometimes developing years after implantation.

Greg Vigna, MD, JD, national pharmaceutical injury attorney, practicing physician, and Certified Life Care Planner states, “Unlike abdominal hernia surgery where the mesh is placed in the fascial planes above or below the abdominal muscles, TOTs are designed to pierce and cross the muscles of the pelvis and leg in non-anatomical fashion whereby these structures are harpooned by the mesh causing foreseeable and unavoidable acute pain from muscles and nerves that sometimes is life-altering and is poorly responsive to mesh removal and treatment.”

Dr. Vigna adds, “We are also representing clients with new injuries from recently implanted devices and those that occur years after implantation caused by both TOT sling devices and transvaginal mesh devices used in the treatment of pelvic organ prolapse. We are filing these cases nationwide with the assistance of local attorneys.”

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic neurological injuries caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and Complex Regional Pain Syndrome. He has clients filed around the country with Martin Baughman, a Dallas Texas firm. Ben Martin and Laura Baughman are national pharmaceutical injury trial attorneys in Dallas, Texas.

For articles, video resources, and information visit the Pudendal Neuralgia Educational Portal and click here for information regarding sling related complications. We also offer a FREE BOOK on Vaginal Mesh Pain.

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Reference: https://pubmed.ncbi.nlm.nih.gov/30045054/

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