Groin Pain Syndromes

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DELLON INSTITUTES FOR PERIPHERAL NERVE SURGERY®

1122 KENILWORTH DRIVE, SUITE 18, TOWSON, MARYLAND 21204 **T**410 337 5400 **F**410 337 5520 dellon.com

YOUR COMPAINTS ARE

Pain, numbness or burning in the lower abdominal wall, and/or the pubic hair area, the inner thigh area, the scrotum/the testicle in men, the labia in women, the front and side of the thigh.

Pain in the rectum, vagina, or penis are likely due to problems with the pudendal nerve, and are *not* included in this brochure.

WHAT CAUSES YOUR COMPLAINTS?

Small nerves (*Ilioinguinal, Iliohypogastric,* or *Gentiofemoral nerves*) to the skin of the groin are stuck in scar from surgery and have formed painful neuromas. (See figure, page five.)

A larger nerve (*Lateral Femoral Cutaneous*) to the front and side of the thigh is entrapped near the front of the hip bone, causing numbness/pain. (See blue area of figure on page five.)

TREATMENT WITHOUT SURGERY

Alter your activities so that you do not sit with your hips so flexed: sit with the leg on the painful side slightly forward, extended at the hip.

Avoid doing sit-up type exercises, or sports that requiring torso twisting, like golf.

Be sure you have a complete surgical evaluation for recurrent hernias, or other intra-abdominal problems.

Be sure you have a complete urological evaluation for infections, tumor, or urinary blockage.

Be sure you have a complete gynecologic evaluation for infections, tumors, cysts or endometriosis.

Have physical therapy directed at scar massage and stretching.

Try traditional pain and neuropathic medications.

WHEN SHOULD I HAVE SURGERY?

When your groin or thigh pain symptoms are unrelieved by the above medical treatments, and there are no other causes for your symptoms other than a painful neuroma or nerve entrapment.

Neurosensory testing with the Pressure-Specified Sensory Device™ (see the *Neurosensory Testing* brochure for more information) can document function of the sensory nerves to the thigh skin.

WHAT IS THE SURGERY LIKE?

The surgery takes about one hour for each side.

The surgery is done as an outpatient.

The surgery is done with general anesthesia.

An incision is made about two inches long near the front of the hip bone, where the nerves can be identified in tissue that usually has not had previous surgery.

For the *ilioinguinal, iliohypogastric,* and *genitofemoral nerves,* which usually have a painful neuroma, one or more nerves are removed, leaving an area of numbness in the lower abdomen, pubic or inner thigh areas.

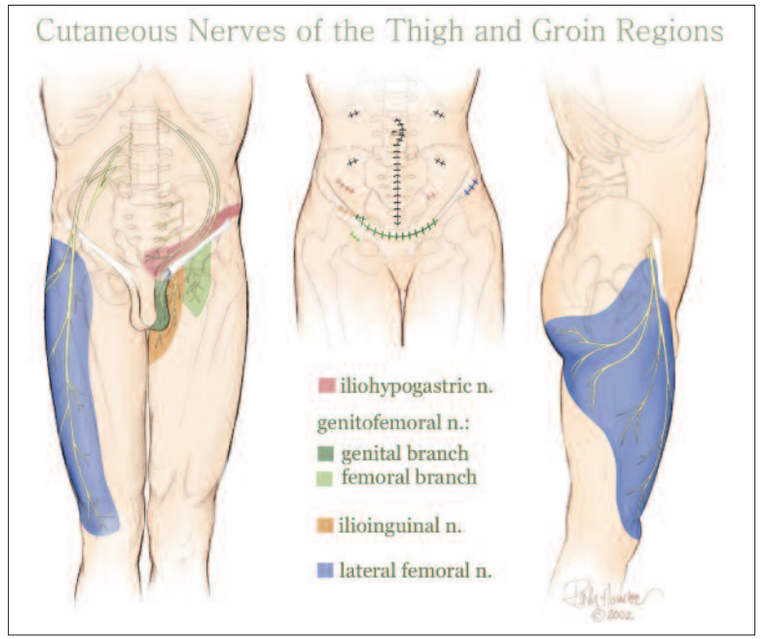
For the *lateral femoral cutaneous nerve of the thigh,* the nerve, usually located within the inguinal ligament, is released, restoring sensation to the front and side of the thigh.

Local anesthesia is placed into the skin, so the groin and/or the thigh may be numb for a few hours, but there will be little pain after the surgery. The groin will remain numb because nerves have been removed.

An ice pack will be placed on the incision for two hours.

You can walk and sit normally immediately after the surgery, and resume normal daily activities.

RELATIONSHIP OF PAST SURGERY (SCARS) TO REGIONAL NERVES



Incisions for many common groin proceedures leave scars in the vicinity of cutaneous nerves in the thigh and groin, shown in the middle drawing.

The names of the nerves are keyed to the colored squares. The skin area supplied by these nerves appears in the same color in the left and right drawings.

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WHAT ARE THE RISKS OF SURGERY?

The published outcomes of the Dellon-approach to the treatment of groin pain of neural origin offer the best chance for success for relief of your symptoms. There are risks associated with every surgical procedure, such as the risk of anesthesia, bleeding and infection.

Complications unique to groin pain procedures are:

Unpredictable nature of the healing process (scar formation).

Areas of numbness in the lower abdomen, groin, thigh residual burning in the front and side of thigh during nerve regeneration, which can last for six months.

Need for a second surgery to remove the genitofemoral nerve, if not removed at first surgery.

Need for a second surgery to remove the lateral femoral cutaneous nerve, if it does not relieve pain after decompression at first surgery.

WHO SHOULD DO THIS SURGERY?

Surgeons from the *Dellon Institutes for Peripheral Nerve Surgery*® have the most advanced training and experience doing this surgery, which offers you the best chance for success.

BEING ACADEMIC IN PRIVATE PRACTICE℠

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