Pudendal nerve decompression surgery for treatment of pudendal neuralgia

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
Pudendal neuralgia is characterized by chronic pain, often described as burning, in the distribution of one or more branches of the pudendal nerve. It may produce vaginal, vulvar, anal, clitoral, penile, scrotal, or perineal pain. Pain may extend to the groin, medial thigh, buttocks, and abdomen, and the skin in these areas may be extremely sensitive to touch. Other possible symptoms are constipation, pain on defecation, dyspareunia, sphincteric dysfunction, sensory loss in the distribution of the nerve, urinary symptoms, and sexual dysfunction. Actions or events that displace the pelvic floor structures, stretch the pudendal nerve, or otherwise traumatize the nerve are associated with pudendal neuralgia. Examples are vaginal delivery (especially instrumented delivery), cycling, horseback riding, herpes simplex infection, radiation therapy for rectal cancer, pelvic reconstructive procedures such as anal sphincteroplasty, midurethral sling procedures, sacrospinous ligament suspension, hematoma or infection resulting from such procedures, spasm of levator ani or obturator internus muscles, scar tissue from trauma or surgery in the surrounding area, and even injection of the pudendal nerve performed to relieve the pain. Patients with pudendal neuralgia have often seen many physicians and specialists without a definitive diagnosis or satisfactory treatment.

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