



DR VANESSA SAMMONS

NEUROSURGEON

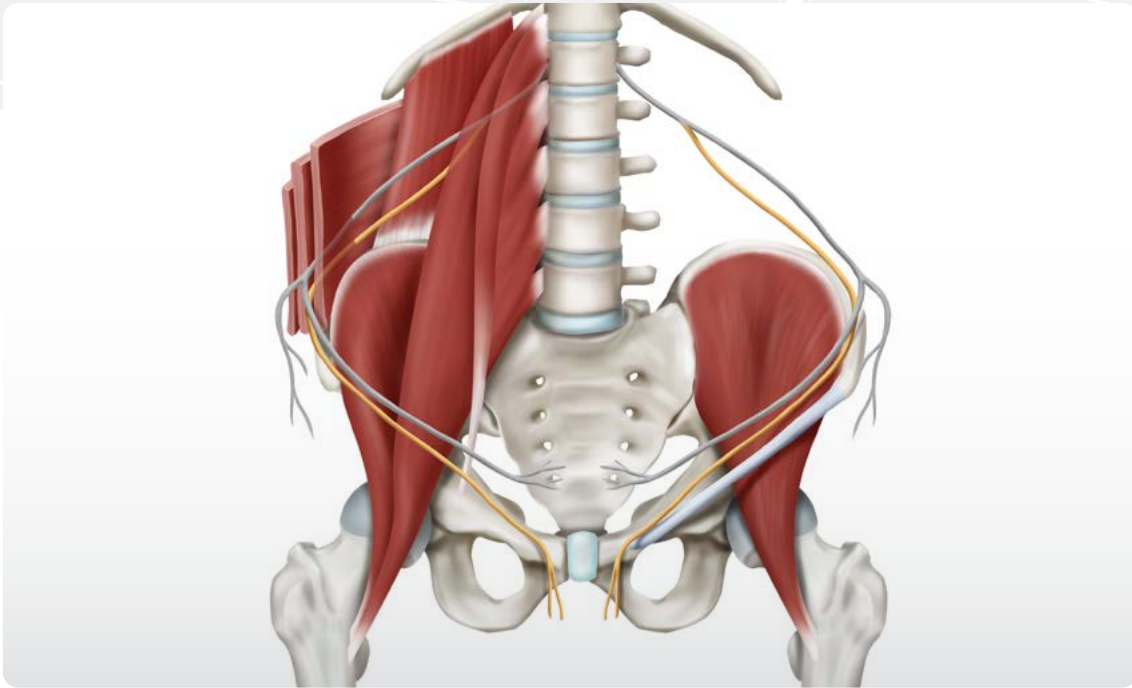


Guide to

GENITOFEMORAL NEURALGIA

Genitofemoral Nerve Decompression

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KEY FACTS

- Genitofemoral Neuralgia is a treatable condition caused by damage or dysfunction to a nerve in the pelvis
- It can be caused by abdominal/pelvic trauma or surgery, compression of the psoas muscle or peripheral neuropathy. It can also occur for no known reason
- Symptoms include numbness and pain in the abdomen and/or between the legs, characterised as burning, sharp, shooting or throbbing.
- Treatment options include medication, corticosteroid injections, topical lidocaine patches and surgery
- Full recovery from neuralgia and surgery may take as long as six months, longer if the damage to the nerve is severe

WHAT IS THE GENITOFEMORAL NERVE?

The genitofemoral nerve is located in the abdomen and runs down the abdomen to the thigh where it divides into two branches:

- **Femoral branch** – continues to the upper, anterior thigh
- **Genital branch** – enters the inguinal canal and supplies sensation to the scrotum in men and labia majora in women

In men, the genital branch of the nerve is responsible for the cremasteric muscle reflex. When stimulated by touch, sensory fibres stimulate the cremaster to elevate and lower the testes.

WHAT IS GENITOFEMORAL NEURALGIA?

Genitofemoral neuralgia (nerve pain) is a compression neuropathy that affects both men and women. It causes pain in the lower abdomen, groin area and inner thigh due to a compressed or 'pinched' nerve.

What are the Symptoms of Genitofemoral Neuralgia?

The primary symptom of genitofemoral neuralgia is localised pain in the groin and genitalia. In addition, neuralgia can cause:

- Increase in sensation (hyperesthesia)
- Loss of sensation (hypoesthesia)
- Pain that is more pronounced when the leg is rotated
- Tingling
- Weakening of the abdominal muscles

WHAT CAUSES GENITOFEMORAL NEURALGIA?

Genitofemoral Neuralgia may develop due to:

- Abdominal tumour
- Compression of the psoas muscle
- Peripheral neuropathy due to underlying medical conditions
- Third trimester of pregnancy
- Spinal cord problems
- Trauma to the pelvis or abdomen
- Unwanted result of inguinal hernia repair surgery

WHEN SHOULD I CONSULT A DOCTOR?

Persistent pain can disrupt every aspect of life. If you are experiencing symptoms that may be linked to this condition, contact your doctor without delay.

Genitofemoral neuralgia can worsen if left untreated. Your doctor can help you get to the cause of your discomfort whatever it might be, and help you determine a course of action.

HOW IS GENITOFEMORAL NEURALGIA DIAGNOSED?

The first steps in identifying the presence of genitofemoral neuralgia are a discussion with your doctor of your symptoms and medical history, and a physical exam. These additional tests may be necessary:

- Blood tests
- Bone scan

- CT scan
- MRI
- Ultrasound

The tests are easily tolerated and help your doctor determine which treatments are appropriate to your unique complaint.

HOW IS GENITOFEMORAL NEURALGIA TREATED?

The goal of treatment is to relieve pain. Your doctor may initially recommend:

- Corticosteroid injections
- Pain medication
- Topical anaesthetic patches
- Physical therapy
- Cryo-nerve ablation

If symptoms do not respond to the above treatments, genitofemoral nerve decompression surgery may be appropriate. An incision is made in the abdomen or thigh to give your surgeon access to the compressed nerve. The compression is relieved, and the incision is closed with self-absorbing stitches. The procedure may take anywhere from 1 to 2 hours depending on the severity of the compression.

The surgery is generally performed as an in-patient procedure with anaesthesia, and requires a 1-2 day hospital stay.

WHAT CAN I EXPECT AFTER GENITOFEMORAL NERVE DECOMPRESSION SURGERY?

When your procedure is over, you will be taken to a recovery room where your progress will be monitored. There is likely to be numbness in the skin surrounding the incision initially, but as the anaesthesia and pain medication leave your body, sensation will return. Pain and some swelling at the treatment site are to be expected but can be treated.

ARE THERE RISKS TO GENITOFEMORAL NERVE DECOMPRESSION SURGERY?

Any surgery involves risk, particularly when anaesthesia is required. Although it's delicate and complex surgery, genitofemoral nerve surgery is considered a relatively safe procedure with rare, but possible complications including:

- Loss of sensation in the scrotum or labia majora
- Loss of cremaster nerve reflex

WHAT SHOULD I DO AFTER SURGERY?

The steps you take at home will help affect the outcome of your surgery. To help your body heal, Dr Sammons may recommend all or some of the following:

- Rest
- Take appropriate pain medication to combat swelling as well as pain
- Refrain from smoking to facilitate circulation and healing
- Use extra pillows between your knees and under your stomach to cushion the incision area while you sleep
- Engage in light physical movement, progressing slowly as you recover

SHOULD I FOLLOW UP WITH DR SAMMONS AFTER SURGERY?

Yes. Dr Sammons will be working with you throughout your recovery. A practice nurse will reach out to you during the week after surgery to schedule a follow-up visit 4-6 weeks after your procedure. Should you have any concerns, Dr Sammons is happy to talk and meet with you earlier to address them.

DOES GENITOFEMORAL NEURALGIA COME BACK?

Nerves heal slowly, and it may take 4 to 5 months to recover from pain related both to the neuralgia and the surgery itself. Full recovery may take up to a year. The majority of patients who undergo genitofemoral nerve decompression surgery recover well.

Please call our rooms if you have any additional concerns or questions.



Hello!

I'm a Neurosurgeon at North Shore Private Hospital, Gosford Private Hospital, Brisbane Waters Private Hospital and the Sydney Adventist Hospital. I treat all neurosurgical conditions, but with a particular interest in Peripheral Nerve Surgery. I pride myself on providing personalised and thoughtful patient care and utilising my skills to achieve the best outcome possible.

I believe that a great neurosurgeon will ensure you feel listened to, will ensure that you understand what your surgery involves, and should also work together with your GP to achieve the best outcome for you.

Dr Vanessa

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