



DR VANESSA SAMMONS

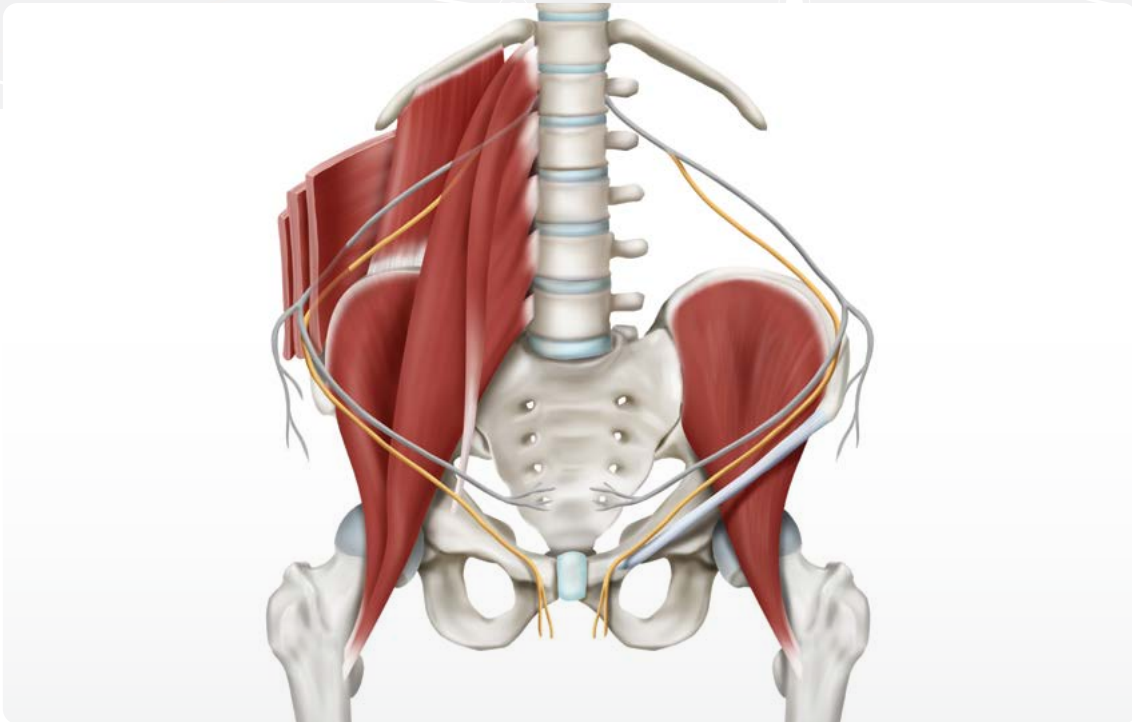
NEUROSURGEON



Guide to

ILIOINGUINAL NEURALGIA

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KEY FACTS

- Ilioinguinal Neuralgia is a treatable condition caused by damage to a nerve in the groin area
- The injury may be caused by blunt trauma to the nerve as well as damage to the nerve during pelvic surgery
- Symptoms include radiating pain travelling from the lower abdomen to the genitals and upper inner thigh, as well as burning and stabbing pain
- Treatment options include medication, radiofrequency ablation, and surgery
- Recovery from surgery may take anywhere from one to six weeks

WHAT IS THE ILIOINGUINAL NERVE?

The Ilioinguinal Nerve originates from the lumbar spinal nerves in the lower back. It travels along the upper end of the hip bone to the groin. It provides sensation to the upper inner thigh, groin and perineum.

WHAT IS ILIOINGUINAL NEURALGIA?

Ilioinguinal neuropathy is a condition that leads to pain in the abdomen, lower back and pelvis in both men and women. The pain is caused by injury to the ilioinguinal nerve following surgery or as the consequence of trauma to the abdomen or pelvis. Ilioinguinal nerve pain can get worse with extension of the lower back because the movement causes friction on the nerve that runs through this region.

WHAT ARE THE SYMPTOMS OF ILIOINGUINAL NEUROPATHY?

The main symptoms of this condition are:

- Burning pain
- Bulging of the anterior abdominal wall muscles
- Burning pain in the lower abdomen that radiates to the genitals and inner thigh
- Stabbing pain
- Pain that intensifies when lying down
- Adopting a bent-over stance to alleviate pain

WHAT CAUSES ILIOINGUINAL NEUROPATHY?

The pain associated with Ilioinguinal Neuropathy may be the result of:

- **Autoimmune factors** that cause inflammation of nerves
- **Hernia repair**
- **Metabolic factors** including high blood glucose, abnormal blood fat levels and low levels of insulin
- **Neurovascular factors** including damage to blood vessels that carry nutrition and oxygen and nutrients to nerves. (Most common after surgery)
- **Pelvic surgery**
- **Sitting** on certain surfaces (eg., a bicycle) for extended periods
- **Trauma**

WHEN SHOULD I CONSULT A DOCTOR?

Nerve pain should not be ignored if it's persistent and affecting your normal activities. Contact your doctor if you suspect your painful symptoms are the result of ilioinguinal neuropathy. Early diagnosis can lead to early treatment and help you avoid additional pain and more intrusive treatment options.

HOW IS ILIOINGUINAL NEUROPATHY DIAGNOSED?

A consultation with your doctor to diagnose ilioinguinal neuropathy begins with a discussion of your medical history and a physical exam. Your reflexes, muscle strength, sensitivity to temperature and light touch, and your ability to change positions will be assessed. Your doctor may also recommend:

- Electromyography
- Quantitative sensory testing
- Nerve or skin biopsy
- Ultrasound

Test results will help your doctor determine the most appropriate treatment plan to relieve symptoms of ilioinguinal neuropathy.

HOW IS ILIOINGUINAL NEUROPATHY TREATED?

Early-stage treatments for ilioinguinal neuropathy include:

- Anti-neuropathic medication
- Non-steroidal anti-inflammatory medication
- Pain medication

If conservative treatment like the above fails, surgical decompression of the nerve is the treatment of choice. After anaesthesia is administered, an incision is made to give the surgeon access to the affected nerve which is released from its entrapped position. The incision is closed with self-dissolving sutures and patients remain in hospital for 1-3 days.

WHAT CAN I EXPECT AFTER DECOMPRESSION SURGERY?

When your surgery is complete, you will be taken to a recovery room and given an IV of fluids and pain medication. Before you are released, you will need to demonstrate that you can:

- Eat
- Drink
- Urinate
- Walk without assistance

You will be given discharge instructions and be released into the care of a friend or family member to take you home.

ARE THERE RISKS TO ILIOINGUINAL NERVE DECOMPRESSION SURGERY?

All surgical procedures carry some risk. Complications of surgery to decompress the ilioinguinal nerve include:

- **Numbness** of the scrotum, labium majus and of the skin over the femoral triangle
- **Loss of the cremaster reflex** (response to stimulation of the sensory fibres of the ilioinguinal nerve)

WHAT SHOULD I DO AFTER SURGERY?

You can help in your recovery by resting for a few days after surgery.

You should also:

- Avoid lifting for 2-3 days
- Eat a nutritious diet
- Keep your dressing dry
- Do not shower for a day or two
- Place a pillow over your abdomen to support the area should you cough or sneeze
- Take pain medication as prescribed by your doctor
- Walk to increase circulation

Contact Dr Sammons immediately if you experience:

- Bleeding
- Difficulty urinating
- Excessive sweating
- Fever
- Worsening pain, swelling, or redness

SHOULD I FOLLOW UP WITH DR SAMMONS AFTER SURGERY?

Yes. Surgery is just the beginning of your journey. You will need to follow-up with Dr Sammons 4-6 weeks after surgery. You will be contacted by our practice nurse during the week after surgery to schedule your visit. Should you have any concerns prior to your follow-up, Dr Sammons will be happy to talk with you and meet with you earlier, if necessary, to address them.

DOES ILIOINGUINAL NEURALGIA COME BACK?

“High rates of return to (activities) were achieved after surgery for inguinal-related groin pain that addresses the varying pathology and associated nerve entrapment,” report authors of the study *Outcomes Following Surgical Management of Inguinal-Related Groin Pain*. Revision surgery may be required if scar tissue re-compresses the nerve.



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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