



**DR VANESSA SAMMONS**

NEUROSURGEON



Guide to

# MERALGIA PARESTHETICA

[WWW.DRVANESSASAMMONS.COM.AU](http://WWW.DRVANESSASAMMONS.COM.AU)



## KEY FACTS

- Meralgia paresthetica is a treatable condition caused by pressure on the lateral femoral cutaneous nerve, which is the nerve that supplies sensation to the surface of the front and outer thigh
- It can be caused by tight pants, hip or thigh trauma, obesity, pregnancy weight gain, and hernia surgery. It can also just be due to an individual's anatomy.
- Symptoms include pain, numbness, tingling, aching, burning, and stabbing pain in the upper, outer part of the thigh
- Treatments include over-the-counter pain relievers, corticosteroid injections, prescription medication and decompression surgery

## WHAT IS THE LATERAL FEMORAL CUTANEOUS NERVE?

Also called the lateral cutaneous nerve of the thigh, the lateral femoral cutaneous nerve (LFCN) branches off the lumbar plexus and provides sensation to the front and sides of the thigh. It carries sensory impulses only and does not control muscle function.

## WHAT IS MERALGIA PARESTHETICA?

Meralgia paresthetica is a painful condition that affects men and women of any age. It's caused by compression of the lateral femoral cutaneous nerve in the leg.

## WHAT ARE THE SYMPTOMS OF MERALGIA PARESTHETICA?

Symptoms of lateral femoral cutaneous nerve compression typically affect only one side of the body, although both sides may be affected. They include:

- Aching, burning, tingling, and numbness in the thigh
- Aching in the groin that may spread to the buttocks
- Pain on the outer thigh that may extend down to the outer side of the knee
- Sensitivity to touch
- Pain that increases after walking or standing for long periods

## WHAT CAUSES MERALGIA PARESTHETICA?

Compression of the lateral femoral cutaneous nerve can occur as a result of:

- Belts and seatbelts that are too tight
- Legs of two different lengths
- Clothing that is too tight
- Diabetes
- Hip injury
- Pregnancy
- Repetitive leg motions
- Surgery on the spine or pelvis
- Tumours

Risk factors that contribute to the development of meralgia paresthetica include:

- Age between 30 and 60
- Diabetes
- Gender (men are more likely to develop the condition)
- Obesity

## WHEN SHOULD I CONSULT A DOCTOR?

You should make an appointment with your doctor if you are experiencing any of the symptoms of meralgia paresthetica. This is especially true if your symptoms go on for 5 days or more. Left untreated, long-term compression of the nerve can cause permanent damage and long-term symptoms. If your symptoms are due to another disorder, your doctor can diagnose and recommend treatment for that problem as well.

## HOW IS MERALGIA PARESTHETICA DIAGNOSED?

Diagnosis of meralgia paresthetica starts with a visit to your doctor. During your consult, you will be asked about your symptoms and medical history. Your doctor will also perform a brief physical exam. Beyond that, the use of one or more of these diagnostic tests may be recommended:

- Ultrasound
- CT scan
- MRI
- Electromyography
- Nerve conduction study
- Diagnostic nerve blocks

The purpose of these tests is to get a better picture of the problem and also to rule out other possible sources of the pain. They are generally well-tolerated by patients and help doctors create a treatment plan tailored to each person's unique needs.

## HOW IS MERALGIA PARESTHETICA TREATED?

Depending on the cause of pressure on the lateral femoral cutaneous nerve and the severity of pain, your doctor may recommend:

- Corticosteroid injections
- Over-the-counter pain medication
- Physical therapy to strengthen muscles in the legs and buttocks
- Wearing looser clothing
- Weight loss

Surgery to decompress the nerve is the treatment of choice for people whose symptoms are severe, long-lasting, and unresponsive to other treatments. After anaesthesia is administered, an incision is made in the thigh to allow your surgeon to access the compressed nerve. When it has been freed, the incision is closed with dissolving stitches. Lateral femoral cutaneous nerve decompression can be performed as an outpatient procedure and most patients go home the same day.

## WHAT CAN I EXPECT AFTER MERALGIA PARESTHETICA DECOMPRESSION SURGERY?

When your surgery is complete, you will be observed and should be able to return home the same day. It's normal to experience swelling, pain, and redness at the incision site. These will all resolve over time. Pain medications should be taken.

“Dynamic decompression of the LFCN is an effective technique for the treatment of (meralgia paresthetica),” found a 4-year study on people with this nerve decompression problem. “Most patients become completely pain free and sensation recovers considerably.”

- 89% of patients had their problem resolved
- 80% of patients reported sensory improvement of more than 75%
- 69% completely recovered sensation
- 11% experienced pain reduction of 70-80%

## ARE THERE RISKS TO LFCN DECOMPRESSION SURGERY?

Yes. All surgical procedures carry some risk. Rarely, surgery to relieve meralgia paresthetica can result in:

- Bleeding
- Infection
- Ongoing numbness
- Ongoing pain
- Scarring

## WHAT SHOULD I DO AFTER DECOMPRESSION SURGERY?

When you return home, you will need to:

- Take medication to manage pain and swelling
- Rest for 24-48 hours
- Limit activities that put stress on your leg and thigh
- Do not wash your wound until instructed by your doctor

If you experience an increase of swelling or pain, contact Dr Sammons immediately. Generally, patients return to light duty work after 2 to 3 weeks and enjoy unlimited/unrestricted activity at 6 weeks.

## SHOULD I FOLLOW UP WITH DR SAMMONS AFTER SURGERY?

Yes. Dr Sammons will continue to see you throughout your recovery. Your first follow-up appointment will be 4-6 weeks after surgery. You will be contacted by our practice nurse during your first week at home to set up your appointment. If you have any concerns at any time, contact Dr Sammons for her guidance.



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*

MBBS (Hons) MPhil FRACS (Neurosurgery)



## CONSULTING ROOMS

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