

## **Groin Pain**

### **What Causes Groin Pain?**

There are many patients that Dr. Rosenberg treats and helps that have chronic groin pain that cannot be helped by general surgeons. The typical patient is one that has already had some type of groin surgery such as a hernia repair or a cesarean section and has developed pain in the area of the operation. There are many nerves in that area that can be cut or damaged with routine surgery or trauma. Patients are typically cleared by their general surgeon first to make sure there are no other problems that would require their expertise.

When a nerve gets injured due to a traumatic injury or surgery the damaged portion of the nerve, the neuroma, causes shooting, stabbing and/ or throbbing pain. Patients experience pain when performing normal daily activities, such as walking, kneeling or climbing stairs. There are operations for some of these nerve injuries that can decrease and in most cases eliminate the pain.

### **Are There Non-Surgical Treatment Options for Groin Pain?**

Patients should first consult their general surgeon or primary care doctor to determine if there are other underlying causes. Screening for recurrent hernias or other problems in the abdomen may be recommended. A urological or gynecological evaluation can identify other potential causes like tumors, infection, cysts, endometriosis or urinary blockages. Many times anti-inflammatory medications or a cortisone shot may be prescribed. Varying your activities and avoiding those that require twisting the torso, such as golf or sit-ups may provide relief. There are also pain management specialists that may be able to help to diagnose and sometimes manage the pain especially for patients that are not good surgical candidates.

### **Who Is A Candidate For Groin Denervation Surgery?**

Surgery is an option once it is determined that the pain is from a neuroma and that you are a good candidate for surgery. Dr. Rosenberg uses nerve blocks to determine which nerve is causing the pain. This is done by injecting the area surrounding the nerve with a local anesthesia similar to what a dentist would use on a patient undergoing dental work. The nerve block should last several hours and will allow the patient to see how the involved nerves will feel after surgery. After several hours the pain that existed before the block will return. Patients that are in good health and have appropriate responses to the local anesthesia block may be good candidates for surgery.

### **What Can I Expect During and After Groin Denervation Surgery?**

Groin denervation surgery is an outpatient procedure taking about an hour. A general anesthetic is administered by an Anesthesiologist. Using microsurgical techniques Dr. Rosenberg finds the damaged area (neuroma) in the ilioinguinal, iliohypogastric and/or genitofemoral nerves.

He cuts out the damaged area and buries the healthy end of the nerve into a muscle. After Dr. Rosenberg is done with the operation a small dressing is placed and the patient is transferred to the recovery room. There are some patients that notice an immediate difference in their pain as they wake up in the recovery room, others it can take up to several months. The patient is sent home and may resume normal activities other than heavy lifting for three weeks. Absorbable sutures are used and patients usually return to normal activity in a few weeks.

### **Are There Any Risks Involved With Groin Denervation Surgery?**

The biggest risk with this operation is that patients may still be left with areas of pain or there may not be a change in the amount of pain. The most common risks associated with any type of surgical procedure include bleeding, infection and scarring. Other risks include an increase in pain or DVT which are very uncommon. Unfortunately some patients may continue to have pain and their body never responds to removing the nerve. These patients are often thought to have “centralized pain” which means their pain will not respond to procedures done on the nerve itself and instead these patients need the expertise of a pain management specialist.

### **Who Is Qualified to Perform These Operations?**

David S. Rosenberg, MD, is a plastic surgeon who has been specially trained in peripheral nerve surgery. He trained with Dr. Christopher Maloney and Dr. A. Lee Dellon MD (the founder of this procedure) at the Dellon Institutes of Peripheral Nerves Surgery. Dr. Rosenberg uses his extensive experience, education and training to ensure the best care and highest success rate for his patients’ surgical outcomes.