Peripheral Nerve Stimulation to Treat Post-Hysterectomy Ilioinguinal Neuralgia

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BACKGROUND

Following total hysterectomy, 25% of patients report persistent pain within the first four to six months [1]. Ilioinguinal neuralgia is a common etiology after lower abdominal and pelvic surgeries. Peripheral nerve stimulation (PNS) has recently emerged as a **minimally invasive option for refractory neuropathic pain** [2]. We present a case in which post-hysterectomy pain, thought secondary to ilioinguinal neuralgia, was treated successfully with a temporary SPRINT PNS lead targeting the left ilioinguinal nerve.

METHODS

Written Health Insurance Portability and Accountability Act (HIPAA) authorization was obtained. The report is devoid of patient identifiable information and is exempt from IRB review requirements per Columbia University policy.

CASE DESCRIPTION

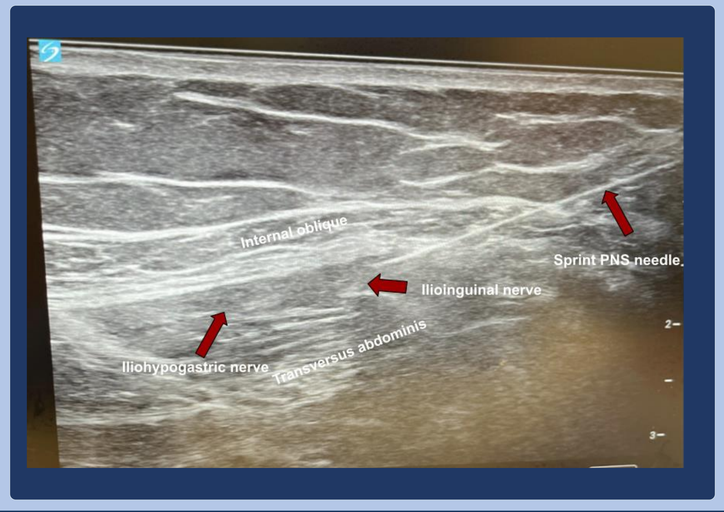
A 47-year-old woman presented with **five months of 8 out of 10 refractory left groin and lower abdominal pain** following a complicated total hysterectomy. After discussion, she agreed to undergo placement of a **SPRINT peripheral nerve stimulator lead** targeting the left ilioinguinal nerve.

47 YEARS OLD

5 MONTHS OF PAIN

8 out of 10 PAIN SCALE

FIGURE 1. ULTRASOUND-GUIDED PNS LEAD PLACEMENT



REGIONAL PROCEDURE

1 VISUALIZE	2 POSITION	3 CONFIRM	4 DEPLOY
Identify the ilioinguinal nerve between IO and TA	Advance stimulating probe approximately 1 cm from nerve	Elicit paresthesia in patient's pain distribution	Place microlead, connect battery

RESULTS

The patient reported 80% improvement in pain with functional improvement. She was able to discontinue analgesics. She completed a 60-day trial of PNS and returned for lead removal and reported sustained 90% reduction. **She expressed high satisfaction and would recommend the procedure to others.**

5 months of ilioinguinal neuralgia → temporary SPRINT PNS → **90% sustained relief**

DISCUSSION

PNS is hypothesized to deliver analgesia through both peripheral and central mechanisms. Temporary systems like SPRINT PNS may still achieve long-term analgesia [3]. Future work should evaluate longer-term outcomes.

REFERENCES

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