

REFRACTORY PUDENDAL NEURALGIA PHENOTYPE WITH SEVERE LUTS AND NEUROPATHIC PAIN

Strict selection for laparoscopic decompression combined with neuromodulation

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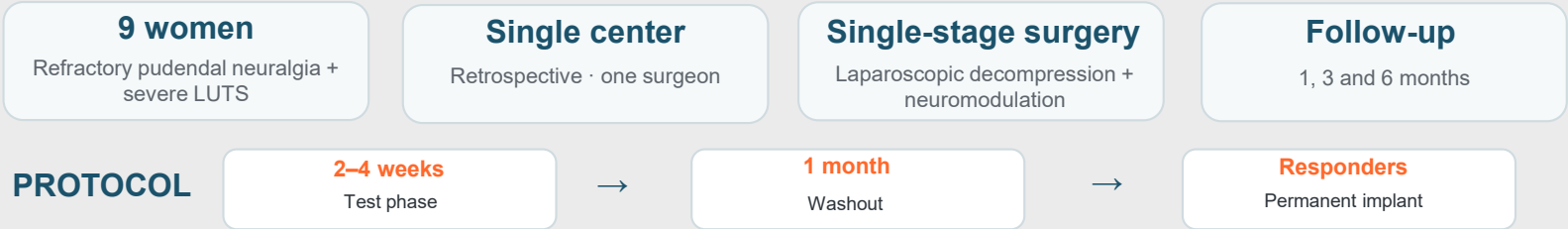
OBJECTIVE

Evaluate baseline, perioperative and functional outcomes of laparoscopic pudendal nerve decompression combined with neuromodulation in a single-stage procedure.

CONCLUSION

Technical feasibility, no intraoperative complications, and relevant improvement in pain and urinary symptoms. The series characterizes a neuropathic pain + severe LUTS phenotype and proposes a structured sequential protocol.

STUDY DESIGN & SEQUENTIAL PROTOCOL



BASELINE CHARACTERISTICS & PREOPERATIVE PHENOTYPE

BASELINE CHARACTERISTICS	
Age, years	54.6 ± 14.5
BMI, kg/m²	22.9 ± 5.0
Prior pelvic surgery	3/9 (33.3%)
Vaginal delivery	8/9 (88.9%)
Cesarean section	1/9 (11.1%)
Episiotomy	3/9 (33.3%)

PREOPERATIVE PHENOTYPE & WORK-UP	
Time to diagnosis	Median 2 y [1–3]
Pain / mean VAS	9/9 (100%) / 10
LUTS	9/9 (100%)
Urinary incontinence	2/9 (22.2%)
Dyspareunia	4/9 (44.4%)
Fecal incontinence	2/9 (22.2%)
Positive infiltration	9/9 (100%)
NFS suggestive	9/9 (100%)
MRI / cystoscopy	9/9 / 9/9 (100%)

FUNCTIONAL RESULTS



PERIOPERATIVE RESULTS

Operative time	1.91 ± 0.38 h; median 2.0 h	Bowel obstruction	1/9 (11.1%)
Intraoperative complications	0/9 (0%)	Reintervention	1/9 (11.1%)
Postoperative complications ≤90 d	3/9 (33.3%)	Hospital stay	1.11 ± 0.33 d
Wound infection	2/9 (22.2%)		

Progressive pain reduction and complete LUTS resolution at 6 months, with no intraoperative complications.