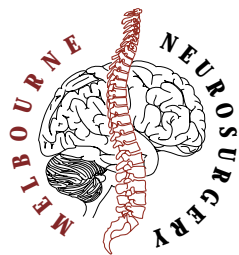


PROCEDURE INFORMATION

Lateral Femoral Cutaneous Nerve Surgery



WHAT IS MERALGIA PARESTHETICA ?

This is where a nerve that runs to the outside of the thigh just below the hip and above the knee is compressed or not functioning correctly.

This nerve is called the Lateral Femoral Cutaneous Nerve.

Meralgia Paresthetica is a syndrome where the lateral femoral cutaneous nerve of the thigh is irritated or compressed to cause a constellation of problems.

WHAT CAUSES THE PROBLEM ?

1. The sharp bend in the nerve may allow the nerve to be stretched and therefore damaged in the inguinal ligament..
2. Stretching of the nerve because of being overweight causing the nerve to lengthen in the thigh.
3. Compression of the nerve by:
 - Belt
 - Tight tool belt
 - Tight Pants
4. Repetitive trauma to the nerve.
5. Constant pressure on the nerve in long face down surgery, usually on the spine
5. Often there is no specific cause.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

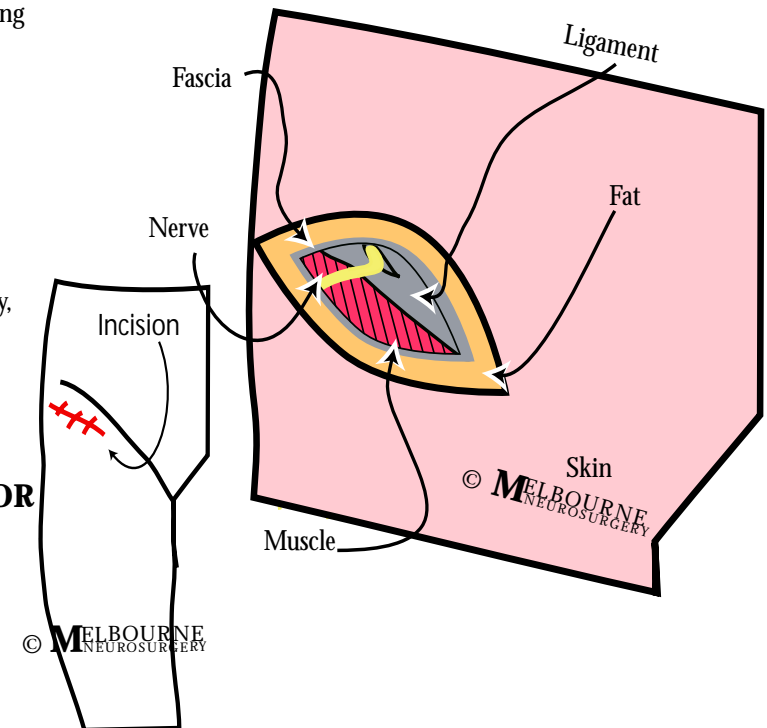
If you have bleeding disorder
Any Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti- inflammatory
Drug or other allergies

WHAT ARE THE REASONS FOR HAVING AN OPERATION ?

The commonest reason is that the symptoms in your leg has been causing significant discomfort or that you have been getting worse. Usually non operative therapy has failed.

WHAT ARE THE TYPES OF SURGERY ?

1. **Trial steroid and local anaesthetic injection** around the nerve. This may cause permanent improvement and is also diagnostic.
2. **Decompression of the nerve in the inguinal ligament** with a transverse cut in the thigh to get to the nerve.
2. **Division of the nerve at the inguinal ligament** with a transverse cut in the thigh to get to the nerve. This usually the best surgical alternative.



WHAT OPERATION IS PERFORMED ?

Prior to the consideration of surgery all patients will have a trial of injection of local anaesthetic and steroids around where we think the nerve should be. This done at time prior to any surgery. This should send the nerve completely to sleep and usually relieves the pain. The sensation loss will be temporary but the relief of symptoms will commonly be prolonged and may be permanent. A small needle will be inserted around the nerve and the drugs injected.

The operation can be either division of the nerve or decompression. Usually we will try to decompress the nerve as the initial procedure. This is not as effective as division of the nerve but it gives a chance of maintaining sensation which will be lost with nerve division. The surgery can either be performed under a local or general anaesthetic. You may be admitted as a day patient and go home after the operation or be admitted the day before. Regardless of the type of anaesthetic, you will not be able to eat or drink from midnight before the operation.

WHAT HAPPENS AT OPERATION ?

Before we start we will confirm the leg to be operated on and draw the incision on the skin at the groin. If the operation is under local then this will be injected into the wound at this time (a sedative is given by the anaesthetist to help the operation pass).

If under general anaesthetic you will go off to sleep after the marking of the incision. The incision is then washed with antiseptic solution and the leg is covered with drapes to leave only the area of the incision exposed.

The surgeon cuts through the skin and fat down to the first fascia layer. He will then cut through the fascia over the muscle and the nerve with a sharp blade. We identify the nerve as it runs beneath this fascia. We follow the nerve up to the inguinal ligament and find the point where it comes through. If the nerve is decompressed then this hole is opened up. If the nerve is to be divided then the nerve is lightly pulled on to pull it through the hole, it is then cut and the stump will withdraw back into the abdomen.

The surgeon then makes sure all the bleeding has stopped and sews the skin and the layer underneath back together. The wound is covered with a dressing. You will then go to recovery.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strengths and sensation looking for any changes to indicate a complication. You will probably only need oral analgesia. Most people will be able to go home the same day. It is important that some-one drives you home afterwards

The sutures are usually removed about 7 - 12 days after the surgery if they are not dissolvable.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

1. Increasing Pain in the wound/groin
2. Fever.
3. Swelling or infection in the wound.

If the nerve is divided there will be a patch of numbness on the side of the leg, this will reduce over time but will not completely go away.

WHAT HAPPENS WHEN YOU GO HOME ?

1. The covering dressing should be changed second daily from the second day or if it gets wet.
2. You will have an early follow-up appointment to have your wound reviewed.
3. You must not run or stress the leg told you can do so by your surgeon
4. It is important to keep the wound dry.
5. Your doctor will discuss driving and return to work with you.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

The nerve cannot always be found as it may come out in an atypical place. If you have had a result from the injection we can usually find the nerve.
Infection (treated with antibiotics)
Post operative blood clot requiring drainage.
Nerve damage
Wound pain.
Scar in wound area.
Failure of symptoms to improve.

WILL YOUR SYMPTOMS GET BETTER ?

YES In the great majority of cases But this is not always the case.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS. IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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