

# Meralgia Paresthetica Treatment

## Nonsurgical management

Tends to regress spontaneously, but recurrence is common. Nonsurgical measures achieve relief in ≈ 91% of cases and should be tried prior to considering surgery <sup>1)</sup>:

1. remove offending articles (constricting belts, braces, casts, tight garments...)
2. in obese patients: weight loss and exercises to strengthen the abdominal muscles is usually effective, but is rarely achieved by the patient
3. elimination of activities involving hip extension.
4. application of ice to the area of presumed constriction × 30 minutes TID
5. NSAID of choice × 7–10 days
6. capsaicin ointment applied TID
7. lidoderm patches in areas of hyperesthesia may help <sup>2)</sup>.
8. centrally acting pain medications (e.g. gabapentin, carbamazepine...) are rarely effective
9. if the above measures fail, injection of 5–10 ml of local anesthetic (with or without steroids) at the point of tenderness, or medial to the ASIS may provide temporary or sometimes long lasting relief, and confirms the diagnosis

## Surgical treatment

see [Meralgia Paresthetica Surgery](#).

<sup>1)</sup>  
Williams PH, Trzil KP. Management of Meralgia Paresthetica. J Neurosurg. 1991; 74:76–80

<sup>2)</sup>  
Devers A, Galer BS. Topical lidocaine patch relieves a variety of neuropathic pain conditions: an open-label study. Clin J Pain. 2000; 16:205–208

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