Proximal Lower Extremity Mononeuropathies – Table 1

Nerve	Etiology, epidemiology, risk factors
Ilioinguinal, iliohypogastric, genitofemoral	 latrogenic mechanical injury during surgery: appendectomy, hysterectomy, inguinal hernia repair, and cesarean delivery. Risk with gynecologic surgery about 2%.^{1,2} Risk for ilioinguinal and iliohypogastric neuropathic pain after laparoscopic incision in the lower abdomen about 5%.³ Risk for genitofemoral neuropathic pain after laparoscopic hernia repair is 2%.⁴ Postoperative risk of inguinodynia after inguinal hernioplasty with mesh about 10%.⁵ Blunt abdominal trauma and visceral adhesions. Constrictive clothing around the abdomen.⁶
Femoral	 latrogenic mechanical injury during surgery: Approximately 0.1 – 0.2% of total hip arthroplasties complicated by femoral nerve injury.⁷ Increased risk associated with anterior or anterolateral approach, self-retaining retractors and lithotomy position. Increased risk during pelvic surgery with thin body habitus and dorsal lithotomy position.⁸ Risk for femoral neuropathy after femoral nerve block is 0.03%.⁹ Femoral catheterization procedures. Retroperitoneal hematoma.¹⁰
Lateral femoral cutaneous	 latrogenic mechanical injury during surgical procedures such as hernia repair, renal transplant, iliac bone graft harvesting, hip surgery and femoral catheterization procedures. External compression: from heavy tool belts, tight waistbands and clothing, or seat belts. Internal compression: from aortic aneurysm or pelvic masses.¹¹ Increased risk with prone position.¹² Risk factors include obesity, pregnancy, diabetes, rapid weight loss.¹¹
Obturator	 latrogenic mechanical injury during surgical procedures such as total hip arthroplasty and pelvic operations. Rarely injured in isolation, but often in the setting of other nerve or plexus injuries with pelvic trauma, sacroiliac joint disruption, or compression from tumors or hematomas. Increased risk with playing sports/strenuous exercise and use of lithotomy position.^{8, 13}