

- Drugs will be the first line of treatment recommended by your doctor. If these do not work, stop working or have bad side effects, then you will need to consider the other treatments. Doctors always prefer to use non-destructive treatments if possible. Treatment should be discussed with your specialist, who will explain the risks and benefits.

WHERE TO GET HELP AND SUPPORT

Trigeminal Neuralgia Association UK, www.tna-uk.org.uk Tel. 01883 370 214
Provides information about TGN and support for patients

British Brain and Spine Foundation, www.bbsf.org.uk Helpline 0808 808 1000
Provides a very informative booklet about Face Pain

The British Pain Society, www.britishpainsociety.org 3rd Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG. Tel. 0207 269 7840
Can provide a booklet "Understanding and Managing Pain: Information for Patients."

The Pain relief Foundation is not responsible for the content of any information provided by another organization and does not endorse any product or service mentioned or advised by any other organization.

This booklet was written by the staff of the Pain Relief Foundation and endorsed by The Walton Centre Pain Team, Walton Center for Neurology & Neurosurgery, Lower Lane, Liverpool, L9 7LJ, UK . www.thewaltoncentre.nhs.uk

The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain conditions.

Copies of this leaflet are available from The Pain Relief Foundation, Clinical Sciences Centre, University Hospital Aintree, Lower Lane, Liverpool L9 7AL UK. Registered Charity No. 1156227 Tel. 0151 529 5820, Fax. 0151 529 5821
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Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice.



www.painrelieffoundation.org.uk

TRIGEMINAL NEURALGIA

➤ **WHAT IS TRIGEMINAL NEURALGIA?**

- Trigeminal neuralgia is an agonizing shooting pain in the face. It starts suddenly on one side of the face. It is more common in older persons but can occur at any age.
- Attacks last for a few seconds or a few minutes. Everyday things can "trigger" an attack, such as touching the face, chewing and eating, or even a breeze blowing on the face.
- There can be long periods between attacks lasting for months or years. Over time the pain tends to become more severe and attacks more frequent.

➤ **WHAT CAUSES TRIGEMINAL NEURALGIA?**

- The trigeminal nerve has three branches running through the face. The pain can occur in any one of these branches. The precise reason for the pain is not fully understood in all cases. Sometimes the layer of insulation around the nerve can become damaged, for example in Multiple Sclerosis.
- However, many cases of TGN are caused by a blood vessel pressing on the trigeminal nerve. Because of this, the nerve doesn't work properly. Messages of severe pain are sent to the brain when the face is touched, or when eating, or due to other "triggers".
- The pressure on the nerve can be relieved by an operation. This often, but not always, relieves the pain permanently. Many patients are very satisfied with this treatment, which is called Microvascular Decompression.

➤ IS THERE ANY TREATMENT AVAILABLE?

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- If your own doctor or dentist does not know the cause of your face pain, ask him to refer you to a pain clinic or neurologist (a nerve specialist). A correct diagnosis is very important.
- The usual painkillers, such as ibuprofen, codeine and paracetamol, which can be bought at the chemist, have very little or no effect on the nerve pain of TGN. However other drugs and various operations are available which help.

DRUGS

- Drugs used to treat epilepsy (anticonvulsants) calm the irritable trigeminal nerve, eg. carbamazepine (Tegretol®). This does not mean you have epilepsy.
- These drugs may cause side effects. You may feel unwell, drowsy or develop a rash.
- These drugs must be taken regularly for them to work and not just when the pain is bad. They will probably need to be taken permanently, not just for a short time.
- Gabapentin or pregabalin (Lyrica®) are similar drugs, which are less effective than carbamazepine, but they have fewer side effects.
- Pain may be controlled with such drugs for many years. Sometimes more than one drug is needed. However, pain control may be reduced over time and then other treatments need to be considered.

MICROVASCULAR DECOMPRESSION

- TGN is often caused by a blood vessel pressing on the trigeminal nerve inside the skull. This pressure can be removed by a procedure called Microvascular Decompression.
- Special scans (Tomo-angiography and MRI) can show the position of the blood vessel. If the vessel is pressing on the nerve, an operation can be done to lift the vessel away from the nerve. A Teflon implant is inserted to keep the nerve and vessel separated.

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- The operation requires a general anaesthetic and a stay in hospital. It is performed through a small opening in the skull behind the ear. This operation gives permanent pain relief in most cases. However, this is a major operation.

DESTRUCTIVE PROCEDURES

- Destroying part of the trigeminal nerve in the face, or nerve structures deeper in the skull, can prevent pain messages reaching the brain. These procedures are called **rhizotomies**.

Percutaneous Rhizotomies

- A needle is inserted through the cheek into a natural hole at the base of the skull. Nerve structures deeper in the skull can be destroyed in various ways. These treatments usually cause numbness in the face.
- Glycerol Rhizotomy: Glycerol is injected to damage the nerve. This can be done using a local anaesthetic.
- Balloon Compression Rhizotomy: An inflatable balloon is inserted through the needle. The inflated balloon then presses down on the nerve and damages it. A general anaesthetic is needed for this.
- Radiofrequency thermocoagulation or diathermy: Heat is applied using an electrode inserted through the needle. The nerve is burned. This is done using a mixture of local and general anaesthetics. The patient is awake some of the time, in order to help place the electrode. Often pain relief is temporary, but the treatment can be repeated.

Targeted radiotherapy or gamma knife treatment

- This treatment is still being developed. The nerve is damaged by focusing a beam of radiation, from outside the head, onto the nerve. It is still not known how well this works or how much other tissues are damaged. The effects of radiation must also be taken into account. This treatment still damages the nerves, however, it does not involve an operation.