

Trigeminal Neuralgia

Symptoms and Treatments





AN ESTIMATED **150,000**
AMERICANS WILL BE DIAGNOSED WITH
TRIGEMINAL NEURALGIA
EACH YEAR.



Source: American Association of Neurological Surgeons

Revolutionary Treatment for Trigeminal Neuralgia

The integrated, multidisciplinary team at the AdventHealth Neuroscience Institute is at the forefront of neurological medicine, providing innovative imaging technology and minimally invasive options to treat trigeminal neuralgia, a rare neuropathic disorder.

What Is Trigeminal Neuralgia?

Trigeminal neuralgia is a chronic pain condition caused by irritation of the trigeminal nerve, usually due to a blood vessel or tumor pressing down on the trigeminal nerve where it comes out of the brainstem.

This condition, also known as tic douloureux, causes such intense pain that patients often contort their face and jerk their heads in an attempt to move away from the discomfort in a tic-like manner. Those diagnosed with trigeminal neuralgia are more likely to be women older than 50.

Often misdiagnosed as a dental problem or temporomandibular joint (TMJ) disorder, many patients with trigeminal neuralgia undergo multiple dental or oral surgeries until the proper diagnosis is made. Other disorders may be confused with trigeminal neuralgia, including facial shingles (also known as herpes zoster) and facial reflex sympathetic dystrophy (RSD).

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Causes of Trigeminal Neuralgia

There are several medical conditions associated with the cause of trigeminal neuralgia. These include:

- Blood vessels at the brain stem pressing on the trigeminal nerve and damaging the protective layer surrounding the nerve
- Multiple sclerosis, especially in young adults
- A tumor pressing on the nerve
- Arteriovenous malformation
- Injury to the nerve during facial or oral surgery, a stroke or an accident

Symptoms of Trigeminal Neuralgia

Typically pain symptoms are described as severe, intermittent, intense, stabbing, shooting, electrical and incapacitating. Various parts of the face and head may be impacted, including the eyes, lips, nose, scalp, forehead and jaw. The level of severity may vary from patient to patient, however, it is common for attacks to worsen over time.

An attack may be triggered by facial contact such as shaving, make-up application or washing the face. Talking, chewing, drinking, brushing teeth and yawning are also common triggers for pain. Even the most minor stimulation, such as a light breeze, may trigger an attack.



Treatment Options for Trigeminal Neuralgia

Patients do not need to live with the debilitating pain caused by trigeminal neuralgia. Many treatment options are available including surgery, medication and lifestyle modifications.

SURGERY

Neurosurgical procedures for the treatment of trigeminal neuralgia can be divided into two categories – ablative and non-destructive. The type of treatment recommended will depend on the severity of symptoms and your general health.

Ablative procedures include rhizotomy, Gamma Knife® radiosurgery, and, in the worst cases, neurectomy. Ablative procedures result in varying degrees of facial relief.

Rhizotomy involves placing a needle close to the nerve and using a technique to cause damage to the nerve in order to decrease the sensitivity. This is an outpatient procedure that often provides immediate relief.

Gamma Knife radiosurgery involves focusing a high dose of radiation to a focal point in the nerve. There is no incision, and patients go home the same day.

The surgical option is a non-destructive procedure called microvascular decompression, in which a keyhole craniotomy is performed. Using advanced surgical equipment, the artery that is pressing against the nerve is separated, and a microscopic cushion is placed between the two. This procedure has the lowest risk of post-operative numbness, but does require general anesthesia and a hospital stay.

MEDICATION

Medication may be used to stop the problem nerve from firing. Depending on the severity of trigeminal neuralgia, however, this approach may not be completely effective. Additionally, it is common to prescribe pain medications to control the condition. Unfortunately, surgery may ultimately be required.

LIFESTYLE MODIFICATIONS

Effective lifestyle modifications and/or enhancements vary from patient to patient. Some patients have benefited from activities such as walking, yoga and meditation, while others have seen results from mental health and nutritional counseling.

For more information call our Minimally Invasive Brain Surgery Care Coordinator, Denise Mitchell, BSN, RN, at 407-303-7944.

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Patient Protection and Affordable Care Act: Section 1557

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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