

However there are various medical and surgical treatments available for TN. The usual process is to start with medication, most commonly anticonvulsants, originally developed to treat epilepsy.

If these fail to control the pain or give you too many side effects there are several surgical options that can be considered.

Who to contact for more advice:

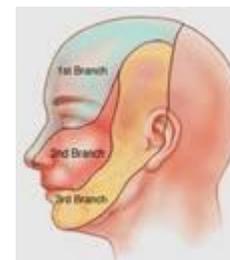
If you have any questions please do not hesitate to contact Dr Taylor or Sue Blowey at the Plymouth Pain Management Centre on 01752 437707.

If you have any concerns or side effects that you are not sure of please contact the pain department or your GP for advice.

This leaflet is also available in large print
Please contact Sue Blowey
(01752) 437707

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Trigeminal Neuralgia



This information leaflet is designed to give you necessary information about this condition. It will help you clearly understand what is trigeminal neuralgia and possible causes and who to contact for more advice.

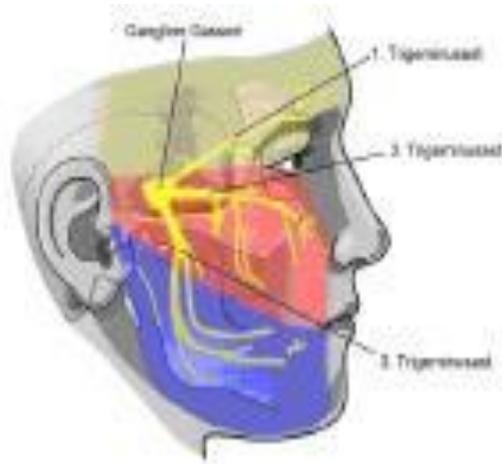
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What is Trigeminal Neuralgia?

Trigeminal Neuralgia or TN is an extremely severe facial pain that tends to come and go unpredictably in sudden shock-like attacks.

The pain is often described as stabbing, shooting, excruciating and very severe. Each stab lasts for a few seconds, but there can be many stabs in quick succession, which can last for several minutes.

There can be long periods of no pain between spasms and sometimes there may be months or years of no pain. It is often started by touching the face.



The Trigeminal Nerve has 3 branches or divisions, these supply sensations of touch, pressure and pain over the skin of the face, cheek and mouth.

- The upper branch (Ophthalmic) which runs above the eye, forehead and front of the head.
- The middle branch (Maxillary), which runs through the cheek, upper jaw, teeth and gum, side of the nose.
- The lower branch (Mandibular), which runs through the lower jaw, teeth and gums.

What causes Trigeminal Neuralgia?

This is still an area of debate amongst medical professionals but most of them believe it is caused by damage to the protective outer covering of the nerve, often as a result of pressure from blood vessels.

This damage causes the nerve to malfunction and send messages of intense pain to the brain in response to a light touch on a 'trigger' area of the face.

It is more common in patients with multiple sclerosis and, very rarely, may be associated with tumours at the base of the brain (which are usually benign). You may already have had a brain scan to rule out such problems and will always receive one before any surgical treatment.

If you have TN, you already know that over the counter medicines such as ibuprofen or paracetamol, even in great quantities have very little if no effect on TN pain.