

Trigeminal Neuralgia - Microvascular Decompression

Introduction

Trigeminal neuralgia is a condition that affects about 40,000 patients in the U.S. every year. Its treatment is mainly medical and consists of oral medications. If medications are not successful in controlling the pain, the doctor may suggest surgery.

This reference summary will help you understand the disease, and the benefits and risks of Microvascular Decompression.



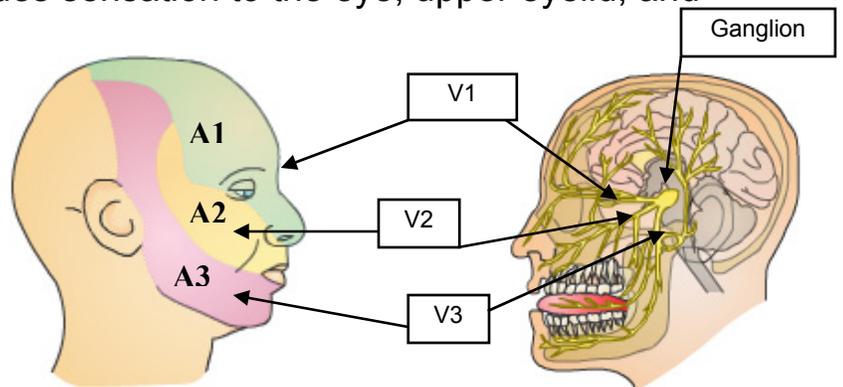
Anatomy

The trigeminal nerve is responsible for most of the sensation in the face. There is a trigeminal nerve on each side of the face. The main part of the nerve, or “ganglion,” is located at the base of the brain. From there it divides into three branches.

The first division, known as V1, provides sensation to the eye, upper eyelid, and forehead, as shown in the green area A1.

The second division, known as V2, provides sensation to the cheek, lower eyelid, nostril and upper lip, and gum, as shown in the yellow area A2.

The third division, known as V3, provides sensation to the area of the jaw, the lower lip, and gum, as shown in the red area A3. V3 also controls some of the muscles responsible for chewing.



This document is for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

Symptoms and Their Causes

Trigeminal neuralgia is characterized by severe pain in the face. The pain lasts for a few seconds and can spread to the rest of the face. However, it is usually limited to one division of the trigeminal nerve. Between bouts of severe pain, the patient is usually pain free.

Specific sites in the patient's face, such as the corner of the mouth, gum, or lip, can act as a trigger point. The pain can be set off when one of these sites is touched. The pain can be so severe that the patient may refrain from eating or speaking for fear of eliciting the pain.



It is still not clear what causes this pain. Trigeminal neuralgia is most often thought to be caused by abnormal compression of the ganglion of the trigeminal nerve. This can be caused by a normal blood vessel that has become more rigid because of advanced age. Other reasons for trigeminal neuralgia include tumors, multiple sclerosis, and abnormal blood vessels. However, these are very rare.

Medical Treatment

Medications taken by mouth usually relieve the symptoms of trigeminal neuralgia. These include medications usually taken for seizures, such as carbamazepine (Tegretol™), or phenytoin (Dilantin™).

Other medications, such as baclofen (Lioresal™), usually used to help patients relax their muscles, could be tried. If these medications, used alone or in combination, fail to reduce pain or are not tolerated by the patient because of their side effects, an operation may be needed.

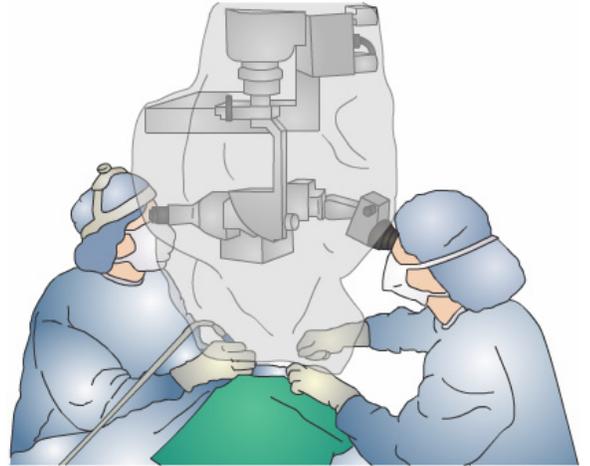


Procedure

This reference summary will deal with a specific procedure known as “Microvascular Decompression.” The aim of the operation is to take the pressure off the ganglion and nerve inside the skull. This operation aims at preserving the sensation of the face.

This document is for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

This operation is done under general anesthesia. The hair on the back part of the head is clipped and the skin and skull are opened. Using a microscope, the surgeon is able to see the nerve as it leaves the brain stem. There usually is a blood vessel compressing the nerve. The blood vessel is then moved slightly and a piece of material is placed between it and the nerve to prevent further compression.



In the unlikely case that no blood vessel is found compressing the nerve, the surgeon may cut a part of the nerve to relieve the pain. Permanent numbness will result if the nerve is partially cut. However, this is not likely to happen, and it is important to discuss this option before surgery. The skin is then closed and the patient is allowed to wake-up.

Risks and Complications

This procedure is safe. There are, however, several possible risks and complications. These are unlikely, but possible. You need to know about them just in case they happen. By being informed, you may be able to help your doctor detect complications early. The risks and complications include those related to anesthesia and those related to any type of surgery.

Risks of general anesthesia include nausea, vomiting, urinary retention, cut lips, chipped teeth, sore throat, and headache. More serious risks of general anesthesia include heart attack, stroke, and pneumonia. Your anesthesiologist will discuss these risks with you and ask you if you are allergic to certain medications.



Blood clots in the legs can occur due to inactivity during and after the surgery. These usually show up a few days after surgery. They cause the leg to swell and hurt. Blood clots can become dislodged from the leg and go to the lungs, where they will cause shortness of breath, chest pain and possibly death.

This document is for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

It is extremely important to let your doctors know if any of these symptoms occur. Sometimes the shortness of breath can happen without warning. Getting out of bed shortly after surgery may help decrease the risk of blood clots in the legs.

Some of the risks are seen in any type of surgery. These include:

1. Infection, deep or at the skin level. Deep infections may involve the brain or the fluid that circulates around the brain. This is known as meningitis. Treating deep infections may require long-term antibiotics and possibly surgery.
2. Bleeding, either during or after the operation. This may require a blood transfusion.
3. Skin scars.

Other risks and complications are related specifically to this procedure. These are also very rare. However, it is important to know about them. There is always the possibility that the chosen procedure may not help the pain. The procedure may have to be repeated or a different procedure may have to be done.

In the rare case of nerve injury or in cases where no nerve compression is found and the surgeon decides to cut part of the nerve to relieve the pain, permanent numbness of the face could happen. In very rare cases, this could involve the eye. In this case, the eye may get injured, specifically the cornea, or the clear coating of the eye. This is known as corneal abrasions. In rare cases, this may lead to permanent visual problems or blindness.

The muscles on the side of the face where the operation is performed may become weaker and cause some pain and difficulty with chewing. This is usually very well tolerated by patients. In the case of facial numbness, a condition known as “anesthesia dolorosa” can occur. In this condition, pain may persist in spite of the numbness. This may lead the patient to repeatedly touch and scratch the involved area of the face, leading to sloughing of the skin and disfigurement.



Because of this and because of the loss of sensation, patients need to inspect their faces daily to make sure no infections or injuries are affecting the numb area of the face.

This document is for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

The hearing nerve could be damaged, resulting in deafness. This is not likely, but it is possible. For that reason, it is important to let your surgeon know if you have any trouble hearing, especially with the opposite ear. If your only hearing ear is on the side of the trigeminal neuralgia, complete deafness may result from the operation, and you may want to proceed with another surgical option.



Injury to the nerve that controls the face could also occur. This can lead to paralysis of the face. Patients may not be able to shut their eye completely, and may have drooping of the mouth. This could be permanent or temporary.

Fluid may also leak from the incision. This may require another operation to fix the leak. Blood clots in the brain could also occur. These can be life threatening, requiring another operation. Strokes resulting in permanent paralysis and death are very unlikely, but possible.

After the Surgery

You will probably spend some time in the intensive care unit to allow the nurses to better monitor your vital signs and neurological status. They will repeatedly ask you to move your face, arms, and legs. They will also ask you questions to assess whether you are oriented. CAT scans of the head may be done to make sure there are no blood clots in your brain.



After the surgery, you will probably still be on your trigeminal neuralgia medication. You will wean off them over time. It may take a few days to a week to know whether the operation was successful.

You may go home a few days after the operation. You should refrain from any heavy lifting or bending until your follow-up visit. At that time, your surgeon will decide whether or not you can return to your usual activities. You should also make sure to call your doctor if you develop any severe headache, fever, visual problems, or fluid leak from the incision. All of these may be signs of serious complications.

This document is for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

Summary

Trigeminal neuralgia is best treated medically. When medications fail, surgery may be considered. Surgery is usually successful in alleviating the pain and improving the patient's symptoms. This procedure is safe. Risks and complications are rare. Knowing about them will help you detect and treat them early.



This document is for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.