Trigeminal neuralgia, also called tic douloreux, is a condition that affects the trigeminal nerve, one of the largest nerves in the head. If something touches or hurts or changes the temperature on your face, jaw, gums, forehead or around the eyes, it is this nerve that sends that message to the brain. When this nerve has neuralgia, you feel sudden, severe, electric shock-like or stabbing pain, usually on one side of your jaw or cheek. These attacks of pain may be caused by simply talking, brushing your teeth, touching your face, chewing or swallowing.

When medicines no longer effectively relieve the pain, surgery may be recommended. One of the following surgeries are most often recommended at Vanderbilt.

**Microvascular decompression** begins with the removal of a small piece of skull behind your ear. The doctor then locates the blood vessel or tissue that is pressing on and irritating your trigeminal nerve and places a felt cushion between the vessel and the nerve. The incision is closed. After surgery, you will spend the night in the Surgical Intensive Care Unit so you can be carefully watched as your body gets back to normal. Then you spend 1 or 2 days in a hospital room. This surgery generally has the best longterm results.

**Radiofrequency lesioning** is sometimes recommended if microvascular decompression was not successful or if the doctor thinks that a long surgery under general anesthesia might not be good for your overall health. For this procedure, first you are given medicine to make you feel sleepy. A tiny needle is carefully passed through your cheek and through a natural opening in your skull to the trigeminal nerve. Then you are awakened. The doctor stimulates the nerve and asks you where you feel pressure. When the doctor finds the right location, you are given more medicine to make you sleepy, and radio waves sent through the tiny needle destroy a small, precise area. Most patients can go home the same day. This type of surgery usually relieves pain for several years, but patients often return for repeat treatments.

**Before either of these surgeries...**
- Do not eat or drink anything after midnight the evening before your surgery.
- If you take medicines every day, ask your doctor or anesthesiologist if you should take them the morning of your surgery.

*(page 1 of 2 pages)*
After the surgery

Medicines
• You will be given a prescription for an antibiotic to prevent infection and usually for a
  steroid to help reduce swelling and nerve inflammation. The steroid is not the kind used
  by some athletes.
• You will be given a prescription for pain medicine. Do not drive while you are taking it, and
  then wait 24 hours after your last dose before driving. When you have finished your
  prescription medicines, you should be able to control your pain with pain medicine you can
  buy without a prescription at a drugstore or grocery store.
• Continue taking anti-seizure medicines until your doctor’s appointment in four to six
  weeks. At that visit you may be advised to begin reducing the medicine you take.

Taking care of your incision
• If you have a dressing over your incision, leave it on for two days. Keep the incision dry
  for 4 days. Do not apply Neosporin or other ointments.
• If a type of glue called Dermabond was used, wait 5 days to shower. Do not peel it off.
• If you can see stitches or staples, they will need to be removed in 7 - 10 days. An
  appointment will be made for you before you leave the hospital.
  OR
  To have them removed, see your doctor or nurse (DATE) ________________ (TIME) ______

Sleeping
For the first week after surgery, sleep with your head elevated 45 degrees. You will probably
need to use 2 pillows.

Call your doctor or nurse at (615) 322-7417 if you have...
• Redness that spreads out like a sunburn
• Warmth, drainage or swelling from your incision
• Fever more than 101.5° F
• A severe headache that gets even worse, even though you take pain medicine
• Clear fluid dripping from your nose
• Severe neck pain
• Increased sensitivity to light
• Change in your level of consciousness, such as being hard to wake up

Note: Unless your call is an emergency, you can expect to be called back
   in the afternoon after 2 p.m.