Trigeminal Neuralgia (TN)

TN is pain from a nerve in the face, called the trigeminal nerve. You have this nerve on each side of your face. It divides into 3 branches going to your eye, cheek and jaw. These nerves allow you to feel touch or pressure on the face. The trigeminal nerve is also a motor nerve that controls the muscles for chewing. TN is also called tic douloureux (tik doo-loo-ro).

About the Pain
The pain from TN is often severe and sudden. It may feel like an electric shock that can last for a few seconds or several minutes.

- Pain is often on one side of the face, but it may affect both sides. Pain can spread across the face, happen more often and become more severe over time.
- Pain can happen at different times of the day. It can be triggered when the wind blows across your face or when the air is cold. Any touch or motion of your face when you talk, eat, drink, brush your teeth, blow your nose, use make up, shave or wash your face may cause pain.
- Pain may stop for days, months or years and then start up again.

Causes of TN
The exact cause for TN is not known. A blood vessel near the trigeminal nerve may cause pressure that triggers the signal of pain to the brain.

Testing
Your doctor will check you, ask about your pain and what causes the pain. There is no test for TN, but tests may be done to be sure there is no tumor or nerve damage. Your doctor may order magnetic resonance imaging (MRI) or an x-ray of the brain or other tests.
Treatment
Your doctor will talk with you about the treatments that may work for you. These may include:

- Medicines
- Surgery
- Getting plenty of rest and less stress in your life
- Eating a healthy diet
- Complementary treatment: Some people find acupuncture, ice packs, botox, biofeedback, capsaicin lotion or cream, vitamins or electrical stimulation can ease pain. Talk to your doctor about these options.

Medicines:
Medicines used to treat TN may include seizure or nerve pain medicines and may include:

- carbamazepine (Tegretol)
- elavil (Amitriptyline)
- gabapentin (Neurontin)
- baclofen
- phenytoin (Dilantin)
- pregabalin (Lyrica)

Narcotic pain medicines are usually not helpful.

Surgery:
Surgery or other treatments may be done if medicines do not help or if the side effects of the medicines cause problems. The most common options are:

- Craniotomy – An opening is made in your skull behind your ear and the blood vessel pressing on the nerve is moved. This surgery is usually not repeated.
- Thermal rhizotomy – Heat is used on the part of the nerve causing pain to reduce pain signals to the brain. This surgery can be repeated.
- Radiosurgery – Radiation is used on the part of the nerve causing pain to reduce pain signals to the brain. Radiosurgery treatments, such as Gamma Knife, can be repeated.
For More Information

- **National Institute of Neurological Disorders and Stroke**
  1-800-352-9424
  www.ninds.nih.gov

- **National Institute of Dental and Craniofacial Research (NIDCR)**
  301-496-4261
  www.nidcr.nih.gov

- **TNA Facial Pain Association**
  1-800-923-3608
  http://fpa-support.org/

- **International Radio Surgery Association**
  717-260-9808
  www.irsa.org

- **American Chronic Pain Association (ACPA)**
  1-800-533-3231
  https://thecpa.org/

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Talk to your doctor or health care team if you have any questions about your care.

For more health information, contact the Library for Health Information at 614-293-3707 or e-mail health-info@osu.edu.

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