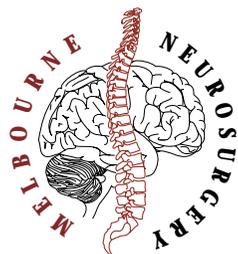


MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

MICROVASCULAR DECOMPRESSION FOR TRIGEMINAL NEURALGIA (Tic Douloureux)



www.neurosurgery.com.au

WHAT IS A TRIGEMINAL NEURALGIA ?

This is a syndrome that involves paroxysms of pain that involve the side of the face. The face sensation comes from the TRIGEMINAL NERVE. The tri part of the word is because the nerve has three divisions: (i) to the area above and including the eye (ii) to the area of the cheek (iii) to the area of the jaw. The pain may involve one or more divisions. It is usually a sharp stabbing pain that can come on spontaneously or by small stimuli such as wind or brushing your teeth.

WHAT ARE THE REASONS FOR SURGERY ?

This means that you have failed other methods of treatment. The first that is tried is usually the drug TEGRETOL this is an epileptic medication that controls most people. Smaller surgical treatments that may be offered are (i) removal of the offending nerve in the face (ii) ablation of the nerve deep inside the face (a fine needle is placed through the cheek) by temperature, pressure or chemical.

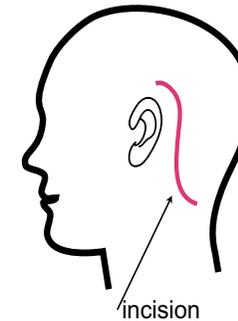
Why is it a microvascular decompression ?

This is because it is assumed that the pain comes from a small vascular loop (artery) that is pulsating into the nerve. The loop comes from an artery at the back of the brain. A microscope is used to see the nerve and artery when we do the operation. We move the loop away from the nerve.

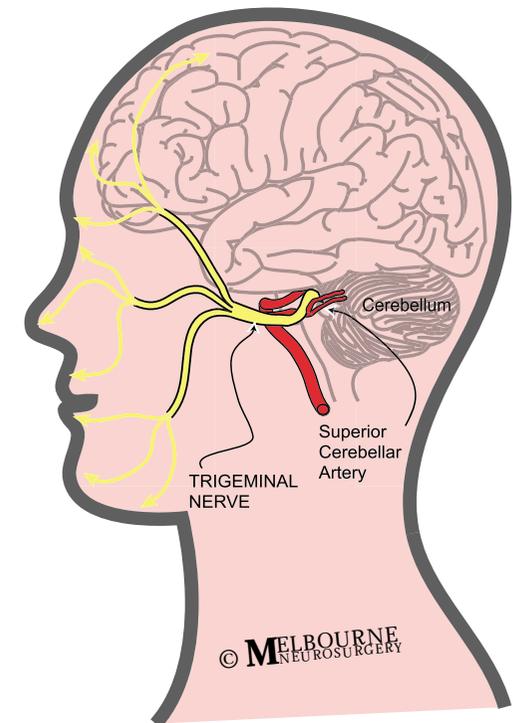
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.
Any Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
Drug or other allergies

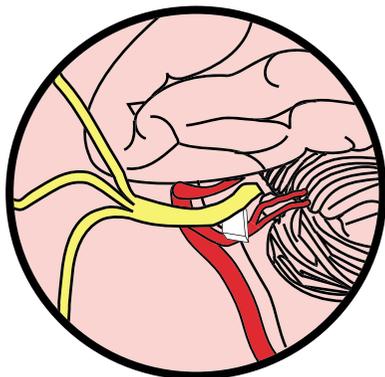
HOW IS IT PERFORMED ?



In the operating theatre you are given a general anaesthetic and then positioned with the head turned to expose the side of the pain. The area of the incision is then shaved and prepared with anti-septic. You are covered in drapes so that only the incision can be seen. Local anaesthetic is injected and then the skin is cut. A hole in the bone is drilled down to the dura (lining around the brain) then a special drill cuts the disc of bone which is lifted off the dura. The dura is cut to expose the cerebellum.



We dissect over the top of the cerebellum aiming for the nerve. Sometimes a small vein will need to be cut to allow the cerebellum to be retracted. Once we have identified the nerve we dissect along the nerve towards where it leaves the brain. We are looking for the artery that is indenting the nerve. Usually it is below the nerve and you can see the pulsation indenting the nerve. Once found the artery is moved out of the way and a small piece of surgical felt is placed between the nerve and the artery. If there is no artery then we may stroke the nerve a little or even cut the nerve (your surgeon will discuss this with you pre-operatively). Any bleeding is stopped. Everything is repositioned the way we found it. If the bone is replaced then it is plated back into position. The skin is then closed either with nylon suture or with special staples.



WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strengths and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intramuscular and oral analgesia . Operations on the head do not often hurt much. Sometimes you will have difficulty passing water and a you may require a catheter(this may have been inserted for the operation). There is a tendency with operations on the cerebellum to have some dizziness or vomiting post-operatively(this settles in 24 hours).

In the next day or so the drip in your arm will be removed. Usually this is the day after surgery. You will be encouraged to go for a walk the day after surgery. Gradually over the next two days you will be able to get around as normal. When you are comfortable you will be able to go home. You may have a repeat scan of your head before going home. Commonly you will have a headache for a while after the operation. The sutures are usually removed about 5 - 10 days after the surgery.

HOW LONG WILL YOU BE IN HOSPITAL

You may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery. You will be discharged about 4-6 days post-operatively. On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.).

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

- Increasing Headache
- Fever
- Fitting
- Swelling or infection in the wound.
- Fluid leaking from the wound.
- Weakness or numbness
- Drowsiness

WHAT HAPPENS WHEN YOU GO HOME ?

You will be tired
 It is common to require a rest in the afternoon
 You may have intermittent headaches.
 These will all improve with time.
DO NOT DRIVE TILL YOU ARE REVIEWED
 You will be reviewed at 4 - 6 weeks post operatively.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

- Deafness
- Infection (treated with antibiotics)
- Post operative blood clot requiring drainage.
- Stroke / facial palsy
- Seizure
- Death (rare)
- Clot in the legs(can travel to the lungs[uncommon])
- Complication not related directly to the surgery
 - e.g. Pneumonia
 - Heart attack
 - Urine infection

CAN THE PAIN RETURN ?

YES Most people have complete resolution of their pain but it can return in a small group.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS . IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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