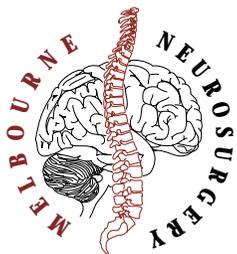


MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

RADIOFREQUENCY LESION FOR TRIGEMINAL NEURALGIA (Tic Douloureux)



www.neurosurgery.com.au

WHAT IS A TRIGEMINAL NEURALGIA ?

This is a syndrome that involves episodes 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. Just as the nerve divides into its branches the nerve swells to form a ganglion (Trigeminal Ganglion)

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 anti-epileptic medication that controls most people. A smaller surgical treatment that may be offered is removal of the offending nerve in the face. A bigger operation is to decompress the nerve in the back of the head from pressure by an artery and this is called a Microvascular Decompression (this operation is not useful in some cases)

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

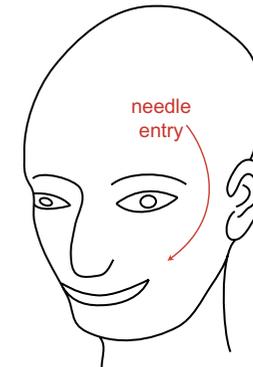
If you have clotting problems.
Any Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti- inflammatory
Drug or other allergies

What is it a Radiofrequency lesion to the Trigeminal Ganglion ?

A needle is placed through the cheek under local or general anaesthesia to a hole in the skull (an X-ray machine is used to help find this). This allows the needle to go into the Trigeminal ganglion. Using heat at the tip of the needle the nerve is heated to about 70 degrees for 70 sec. The heat is produced with a radiofrequency generator to be accurate. If your pain is in a specific branch of the nerve we will wake you up and stimulate the nerve to make sure the needle is in the correct place.

The operation works by partly damaging the nerve and this will produce numbness on the side of your face.

HOW IS IT PERFORMED ?

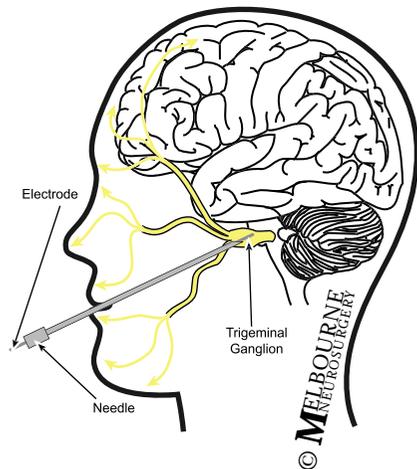


In the operating theatre you are positioned with the head turned to expose the side of the pain. Using an X-ray Machine we locate the hole in the skull to pass the needle through. The needle entry point is cleaned with antiseptic and injected with local anaesthetic. The needle is passed in the cheek to the hole in the skull. When the needle goes through the hole this is painful and this why we have you asleep/sedated for this part. Once the needle is in position the electrode is inserted.

We then wake you up and stimulate the nerve looking to reproduce your symptoms, this tells us the electrode is in the correct place. Once we are sure we put you off to sleep again to treat the nerve. We then warm the electrode quickly to 70 degrees for about 70 seconds. This heats up the nerve and stops part of it working. The aim is to dull the signal transfer in the nerve. This may produce some numbness in the side of the face in the region that you get your pain. When all is done we allow you wake up.

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 oral analgesia. You may be on antibiotics for 5 days.



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 the next day.

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 should be able to do the things that you were doing preoperatively.
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
- Failure to get the needle into skull
 - Infection in cheek (treated with antibiotics)
 - Meningitis(uncommon)
 - Numbness with the pain not improving.
 - Stroke (from damage to an artery by the needle [v.rare])
 - Death (extremely rare)

HOW SUCCESSFUL IS IT ?

This depends on the underlying problem. If it is being done in patients with multiple sclerosis(M.S.) then it does not work as well as in those patients who do not have M.S.

HOW LONG WILL IT LAST?

It may not work at all or it may last for many years. It can be performed again if the pain returns.

WILL THE PAIN COMPLETELY GO AWAY ?

In some patients the pain disappears immediately and totally.
In other patients it may take a little while to go away or it may not completely disappear.
There is normally some benefit from the treatment with most people at least being able to reduce their medication substantially.

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.

MELBOURNE
NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316

Disclaimer This brochure is to provide general information and does not replace a consultation with your doctor.

© This brochure is copyright. No part of it may be reproduced in any form without prior permission from the publishers.