Trigeminal Neuralgia - TN -

is a disorder of the fifth cranial nerve, one of the largest nerves in the head. It causes episodes of intense, stabbing, electric shock like pain, distributed in one or all three branches of the nerve – lips, eyes, nose, scalp, forehead, cheek, upper and lower jaw.

TN is universally considered to be **the most excruciatingly painful condition known to medical practice.**

TN is not fatal, but due to the severity of the pain it is known as

'the suicide disease'.

The facial Pain Research Foundation:

www.facingfacialpain.org

TNA Facial Pain Association:

www.fpa-support.org

Current Medications and dosage:

Name	Dosage

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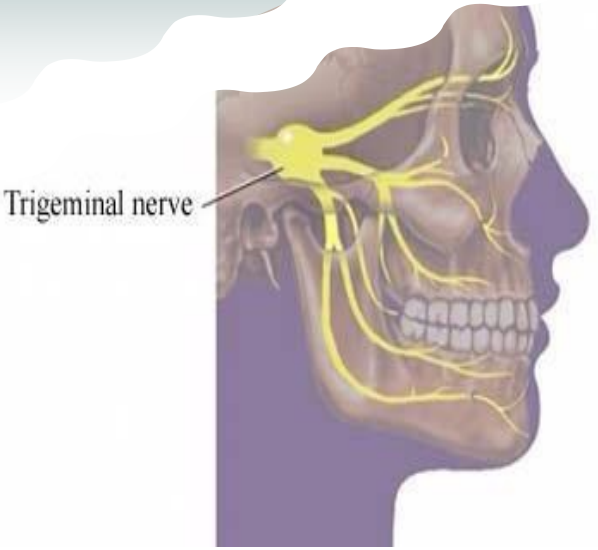

Emergency Room Management for Episodes of Severe TN

So painful it's called "The Suicide Disease"

When to Go

- When pain is too severe to eat or sleep
- Change in the normal pattern of TN pain
- Severe side effects
- Sudden loss of effectiveness of medication
- A severe attack that may occur when a patient has gone into remission and has come off their medication
- Your doctor may advise that you go to the ER.

Notes from Neurologist:

What you can do

- To avoid emergencies, comply with your prescribed medication regimen.
- Have a plan ready in case pain begins worsening, and avoid factors that you've found exacerbate the pain.
- If possible, patients should ask their doctor to call and advise the ER physician about their TN.
- Keep a brief record of your TN medical history, including medications taken, allergies and your doctor's name and phone number.
- The patient may be in too much pain to speak, therefore it is important for the ER staff to know the history of the patient.
- Whether written or spoken, the ER staff will be more receptive to a short history that only includes pertinent and current information.

The ER staff may be unfamiliar with TN.

- ER physicians may perform unnecessary tests, which can delay treatment.

If possible, take someone with you who knows your history, and who can be your spokesperson.

What the ER can do

- ER treatments may include morphine administered by IV or injection, which can provide rapid pain relief lasting several hours. Opiods may be useful in controlling acute pain.
- Dilantin may be administered by IV or in a newer form called Cereby (fosphenytoin). The latter can provide rapid if temporary relief, but requires heart and blood pressure monitoring, so the patient may have to stay overnight.
- The ER physician may also order Depacon intravenously or an injection of local anesthetic applied to the trigger zone.

When you leave the ER

- ER staff should review current medications with the patient, including non-prescription medications that may be causing drug interactions, and possible overuse and toxicity.
- Patient's doctor should be informed about the ER visit and how it was resolved.
- The patient should also be given a maintenance plan when being discharged from the Emergency Room.
- While none of these are long-term answers, they can help acute pain, buy time to build up new doses of oral medication in the blood stream or decide upon and schedule surgery.