TRIGEMINAL NEURALGIA (SEVERE FACIAL PAIN) AND MICROVASCULAR DECOMPRESSION

What is trigeminal neuralgia?

Sudden, shooting, lancenating, electric current like pain that originates in the cheek, jaw or forehead region is known as trigeminal neuralgia.
It can extend into the eyelids, tip of the nose, and gums.

What triggers the neuralgia attack?

Touching certain parts of the face, gums, nose is a common trigger.
Other common triggers include chewing food, brushing teeth, speaking, etc.
Even a wind breeze hitting the face can trigger the attack. Some others may assume that the pain arises due to the dental caries and may visit dentists to have a tooth removed!
The neuralgia attacks can be so severe that some of the patients contemplate suicide.
The very initial treatment is the nerve numbing drugs like carbamazepine and gabapentine. However these medicies cause drowsiness and loss of balance as their dose requirement increases. Furthermore they are just symptomatic therpy and do not address the basic cause of the disease.

Why is there pain?

The trigeminal nerve carries sensation from different parts of the face to the brain through its three divisions. “What is the reason behind these attacks and what therapy can cure it?” was the question tormenting many of the great medical minds for years but without any effect.
A British Neurosurgeon chanced upon an interesting and serendipitous discovery years ago.
The area where the trigeminal nerve enters the brain is called the root entry zone.
Jeneta discovered that quite often there are one or more blood vessels which lie close to the REZ. These transmit their pulsations to the nerve and the REZ.
The transmitted pulsations cause disease in the area of the nerve in contact and this is the real cause of this disease. He thought of a simple surgical technique of separating these blood vessels from the nerve and keeping them separated by introducing a small pledget of Teflon between the too.
Dramatically, the very first patient was totally pain-free after the surgery. Dr Jeneta persevered with this technique and finally it became accepted in the medical community.
These patients experienced joy akin to having a second lease of life!
Even those doctors, who had initially criticized his work, had to appreciate the success of this surgery.

MICROVASCULAR DECOMPRESSION

Many years have passed since this incidence of the serendipitous discovery.

Having performed more than a 100 such surgeries, and interacting with the patients and their relatives and receiving their feedback, I now feel that this surgery as a treatment modality should be offered to these patients, even at early stages before the disease alters personalities and cause psychological problems.

This surgery is performed with the help of a neurosurgical microscope and a small pad of Teflon is interposed between the blood vessel and the nerve (diagram).

Patients are discharged from the hospital in 3 days' time.

It is one of the few operations in Neurosurgery where the results are dramatic and seen early.

Treating pain and restoring the patient's life to normalcy is one of the primary responsibilities of a surgeon. And this surgery gives me the chance to do the very same!