PATIENT EDUCATION

Trigeminal neuralgia & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this condition?

Trigeminal neuralgia causes sudden, electric-shock pain in the face (jaw, cheek, or eye area) triggered by touch, chewing, or wind. It is a nerve-pain condition, not a tooth problem — though many people see a dentist first. Medicines (often anticonvulsants) are first-line. Procedures include injections, surgery to lift a vessel off the nerve, or focused radiation (radiosurgery) to the nerve root for selected people.

What you may notice

- Seconds-long shocks on one side of the face
- Fear of eating, brushing, or a breeze
- A normal MRI, or an MRI that shows a vessel touching the nerve
- Pain that started after shingles is a different diagnosis (post-herpetic) — tell the whole story

Usual care

Neurology leads medicines. Neurosurgery discusses microvascular decompression when fit and when a vessel is the cause. Radiosurgery is an option if medicines fail or surgery is not wanted or safe.

Where CureRays may fit. CureRays will only treat trigeminal neuralgia with a technique and dose suited to the nerve root, after neurology/neurosurgery input. If you need a dedicated radiosurgery platform we do not have, we will refer. Confirm imaging and medicine failures first.

What treatment usually involves

- MRI review and a medicine history
- A highly immobilized head treatment (mask) if radiosurgery is chosen
- A single-session or very short course depending on the platform
- A pain diary afterward — relief can take weeks

Immobilization — why it matters

A tight-fitting mask is required for millimeter accuracy. Practice if you are anxious. This is not the same as low-dose joint radiation.

Side effects you should know about

Low-dose or superficial courses use much less dose than most cancer plans. Effects are usually local. Confirm your list with your clinician — this is not a consent form.

- **Facial numbness** can occur after nerve-directed radiation — we will discuss the trade-off.
- **Headache or fatigue** for a day or two.
- **Rare / serious.** Sudden weakness, worst headache, or a new rash in the eye (need urgent care).

What this means for you at CureRays

Relief is not always immediate. We will set a follow-up time and a plan if pain persists. Keep your neurologist in the loop.

Questions to ask

- Have medicines been optimized before a procedure?
- How do radiosurgery and open surgery compare for my MRI and my age?
- What chance of numbness do you quote for your technique — and in plain words?
- Who do I call if a shock series returns next month?

How to schedule or learn more

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