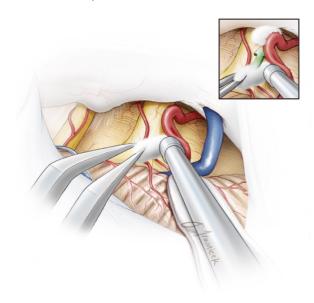


MICROVASCULAR DECOMPRESSION (MVD) FOR TRIGEMINAL NEURALGIA

Patient Information Sheet

What is a microvascular decompression for trigeminal neuralgia?

Trigeminal Neuralgia is a disorder of the trigeminal nerve which causes intermittent intense pain in the face. This operation involves having a cut made behind the ear on the same side as the pain. A window of bone will be removed from the skull. The coverings (dura) of the brain are opened. A microscope is used to identify the Trigeminal Nerve and the blood vessels compressing the nerve. Once this is done, some protective cushioning (usually Teflon) is placed between the vessel and the nerve to ensure separation of the same. The removed bone will be replaced with metal plates and screws. The skin will be closed with sutures or staples.



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Anaesthetic

This procedure will require a general anaesthetic. Please speak to you anaesthetist about the anaesthetic and the risks involved.

What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%)

- Infection, requiring antibiotics and further treatment
- Minor pain, bruising and/or infection from IV cannula site.

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants or antiplatelets.
- Recurrence or failure to adequately relieve the facial pain. This may require further treatment.
- Cranial nerve damage. This may result in numbness of the face or eye. This may be temporary or permanent.

Uncommon risks and complications (1-5%)

- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Double vision, hearing loss or facial weakness may occur this may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Weakness of the chewing muscles on the effected side of the face. This is usually temporary.
- Numb cornea (eye) may require temporary or permanent closure of the eyelid.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT)
- Blood clot in the lung (PE)

Rare risks and complications (less than 1%)

- Severe facial burning pain that is unresponsive to treatment, which is permanent.
- Meningitis may occur requiring further treatment and antibiotics.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Build up of fluid within the brain (Hydrocephalus) requiring a temporary drain or permanent shunt.
 This may be temporary or permanent.
- Severe drop in heart rate requiring resuscitation.
- Death as a result of this procedure is very rare.