Tower Bridge Hospital London

Tower Bridge Hospital London
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020 7916 0029 · Open 7 days, 9am–7pm
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PATIENT INFORMATION · NEUROLOGY

Trigeminal neuralgia
and why so many people lose healthy teeth first

Trigeminal neuralgia causes sudden, severe, electric-shock-like pain in the face, triggered by ordinary things like eating, talking, shaving or a breeze. It is one of the most painful conditions known, it responds well to the right medication, and it is routinely mistaken for dental pain.

Seek urgent assessment if the pain comes with

- **numbness of the face**, or weakness of the facial muscles
- **double vision, hearing loss or unsteadiness**
- **onset under the age of 40**, or pain on both sides
- **constant background aching** rather than the typical shock-like attacks
- a **severe first attack with headache, fever or neck stiffness**
- an inability to **eat or drink** because of pain

Facial numbness, bilateral symptoms or onset under 40 raise the possibility of an underlying cause such as multiple sclerosis or a lesion pressing on the nerve, and warrant MRI. Anyone unable to eat or drink because of pain needs urgent treatment.

What it feels like

- **Sudden, severe, stabbing or electric-shock pain**, usually on one side of the face
- attacks lasting **seconds to about two minutes**, often in bursts, with complete freedom in between
- most often in the **cheek and jaw**, sometimes around the eye
- **triggered by light touch** — chewing, brushing teeth, shaving, washing the face, wind, cold air, talking or smiling
- people often avoid eating, stop shaving on that side, or cover the face outdoors
- periods of remission for weeks or months are common, and attacks tend to become more frequent over years

Before you agree to a dental extraction

Because the pain is felt in the teeth and jaw, a great many people undergo fillings, root canal treatment and extractions before the diagnosis is made — sometimes several teeth, none of which helps, because the problem is the nerve rather than the tooth. **If dental treatment has not relieved facial pain, or the pain is shock-like and triggered by touch rather than by hot and cold, stop and get a medical opinion before more teeth are removed.** Dental pain is usually a constant throb, worse with hot or cold, and tender to bite on. Trigeminal neuralgia is not.

What causes it

Most commonly a blood vessel pressing on the trigeminal nerve where it leaves the brainstem, wearing away its insulating sheath so signals misfire. Less commonly it results from multiple sclerosis, or from a benign growth pressing on the nerve — which is why **MRI is recommended** for most people at diagnosis, and particularly for anyone young or with atypical features.

Treatment

Carbamazepine
first-line, and effective in most

Not painkillers
ordinary analgesics do not work

Surgery
highly effective for selected people

- **Carbamazepine** is first-line and works well for the majority. It is started at a low dose and increased gradually. Drowsiness, dizziness and unsteadiness are common early and often settle; blood tests are needed to monitor sodium, liver function and blood counts.
- **It interacts with many medicines**, including hormonal contraception, which it makes less effective. Tell any clinician prescribing for you.
- **Oxcarbazepine, lamotrigine, gabapentin and others** are alternatives where carbamazepine is not tolerated.
- **Ordinary painkillers — paracetamol, ibuprofen, even opioids — do not work.** This is nerve pain, and the medication has to act on nerve signalling.
- Doses often need adjusting over time, and treatment can sometimes be reduced during remissions.

If medication is not enough

- **Microvascular decompression** — neurosurgery to move the blood vessel off the nerve. The most effective option, with long-lasting relief in a high proportion, but it is major surgery.
- **Stereotactic radiosurgery** (Gamma Knife) — non-invasive, though relief takes weeks to months and may fade over years.
- **Percutaneous procedures** — balloon compression, glycerol injection or radiofrequency, which damage the nerve deliberately. Effective, with a risk of facial numbness.
- Referral to a specialist facial pain service is appropriate for anyone not controlled on medication.

Living with it

The unpredictability is as difficult as the pain — people avoid eating out, conversation and going outside in cold weather, and rates of depression are high. Soft or room-temperature food during attacks, a scarf over the face

in wind, and using a straw all help practically. This is a recognised cause of severe distress, and support for that is part of proper treatment rather than an afterthought.

> **Why come to us.** The single most valuable thing here is a correct diagnosis before more dental work is done. We can assess you within days, start carbamazepine and monitor it with **bloods taken in-house**, and arrange MRI through our CQC-registered partners to exclude an underlying cause. Where medication is not controlling things we refer to a specialist facial pain service without a long wait. Seven days a week, no referral needed.

Diagnosed before more teeth come out

Seen within days, bloods in-house, MRI arranged fast.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Blood Tests** · **MRI Scan** · **ENT (Ear, Nose & Throat)** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CG173 guidance on neuropathic pain and CKS guidance on trigeminal neuralgia. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.