

## When to refer patients with Trigeminal nerve injuries

URGENT treatment (within 30 hours) is indicated in endodontic (Root canal) and implant related nerve injuries. Ideally referral is recommended based on the cause of injury

- Endo root canal > 24-48 hours
- Implant > 24-48 hours
- Wisdom teeth < 3-6months
- LA > 3-6 months
- Orthognathic > 3-6months
- Fracture > 3-6months

If you have had surgery or dental treatment and you notice any of the effects listed above after a local anaesthetic should have worn off – say 6 hours later – it is really in your interest to seek advice from the surgeon/hospital/dentist.

With any nerve injury you may ask your dentist to prescribe you short term high dose steroids and anti inflammatory medication to minimise inflammation around the damaged nerve or elect to take some Folic acid supplements, but there is no evidence base to support this practise.

The trigeminal nerve is the large sensory nerve that supplies feeling to your face, mouth, eyes, nose and scalp.

Nerve injury can sometimes result from dental treatments such as dental injections, root canals, insertion of dental implants and removal of teeth or other surgical treatments. These dental injuries affect the trigeminal nerve usually the lower lip or tongue areas— causing a mixture of pain, numbness and strange sensations that may be present all the time or intermittently.

Trigeminal nerve injuries can be extremely distressing for patients. Although the majority of patients regain normal sensation and function within a few weeks or months, some are left with abnormal sensation or pain, which can cause problems with speech and chewing.

Examples of some patients with these nerve injuries

Signs and symptoms – What your patient may be experiencing

Trigeminal nerve injuries can cause episodes of intense, stabbing, electric shock-like pain in the areas of the face where the branches of the trigeminal nerve are distributed — the lips, eyes, nose, scalp, forehead, upper jaw and lower jaw. Sometimes you may notice pain with touch or when a cold breeze hits your face.

Eating, speaking, drinking, brushing your teeth, shaving or applying makeup may all be difficult because of the changes in feeling. Examples of some patients with these nerve injuries

How you can refer to us

You will need to send or fax through a referral letter

addressed to Tara Renton to our department at Kings College Hospital (Fax number 0203 299 1210).

The letter or fax must contain :

dentist name, address and contact details

doctor name tel

Patient details

name, date of birth, NHS number if possible

address and contact details (also your NHS number).

The cause and duration of your nerve injury must be clear

Any operative details LA type quantity injection type and number

Pain during injection or surgery

URGENT referrals

If nerve section or severe injury is suspected IMMEDIATE referral for exploration and repair is needed

If the nerve injury is related to implant or endodontic treatment the patient may need URGENT treatment.

Other types of nerve injuries require less urgent management.

Once the patient has been referred to us we will send you them a login and password to enter the patient resource area of this website so that you can supply us with;

- Patient details
- information about pain,
- daily function
- and we ask patients to complete some questionnaire online about how you are affected psychologically.

We will send the patient a non urgent appointment to see Tara Renton on clinic at Kings College Hospital in the clinic. Before the patient comes to the nerve injury clinic make sure that you have provided any relevant letters, results of tests and copies of xrays and scans for us to look at.

Contact details of department

When we see the patients on the clinic-What we need to do to make a diagnosis

We will need to fully understand the treatment details and the patients' problem and will need to ask further questions and look through provided patient information. In making a diagnosis of trigeminal nerve injury

Imaging tests (X-rays), such as magnetic resonance imaging (MRI) or computed tomography (CT) scans of the brain, may be conducted. In addition we may ask you to have some blood tests.

These tests are used to eliminate some causes of trigeminal neuralgia, such as lesions, aneurysms or multiple sclerosis which are not usually present in patients with nerve injuries.

Once all the examination and tests are completed your surgeon will confirm your diagnosis and give you an explanation of what may be possible to help.

Possible treatments include;

- Counselling and cognitive behavioural therapy- we have a great team who are able to assess you for individual or group patient sessions. You are first seen by Dr Lisa Page our liaison psychiatrist and then by Dr Sarah Barker.
- Medication for pain sometime tablets sometimes numbing patches- Often we refer the patient back to their doctor if medication is needed.
- Surgery is rarely carried out for this condition as it can make patients worse on some occasions

After treatment we will ask we ask the patient to complete further questionnaires and feedback forms. We continue to monitor many patients as some injuries do not require actual treatment as they are improving over 3- 6 months. After the consultation we write letters to the person who referred you to us and you are copied in.