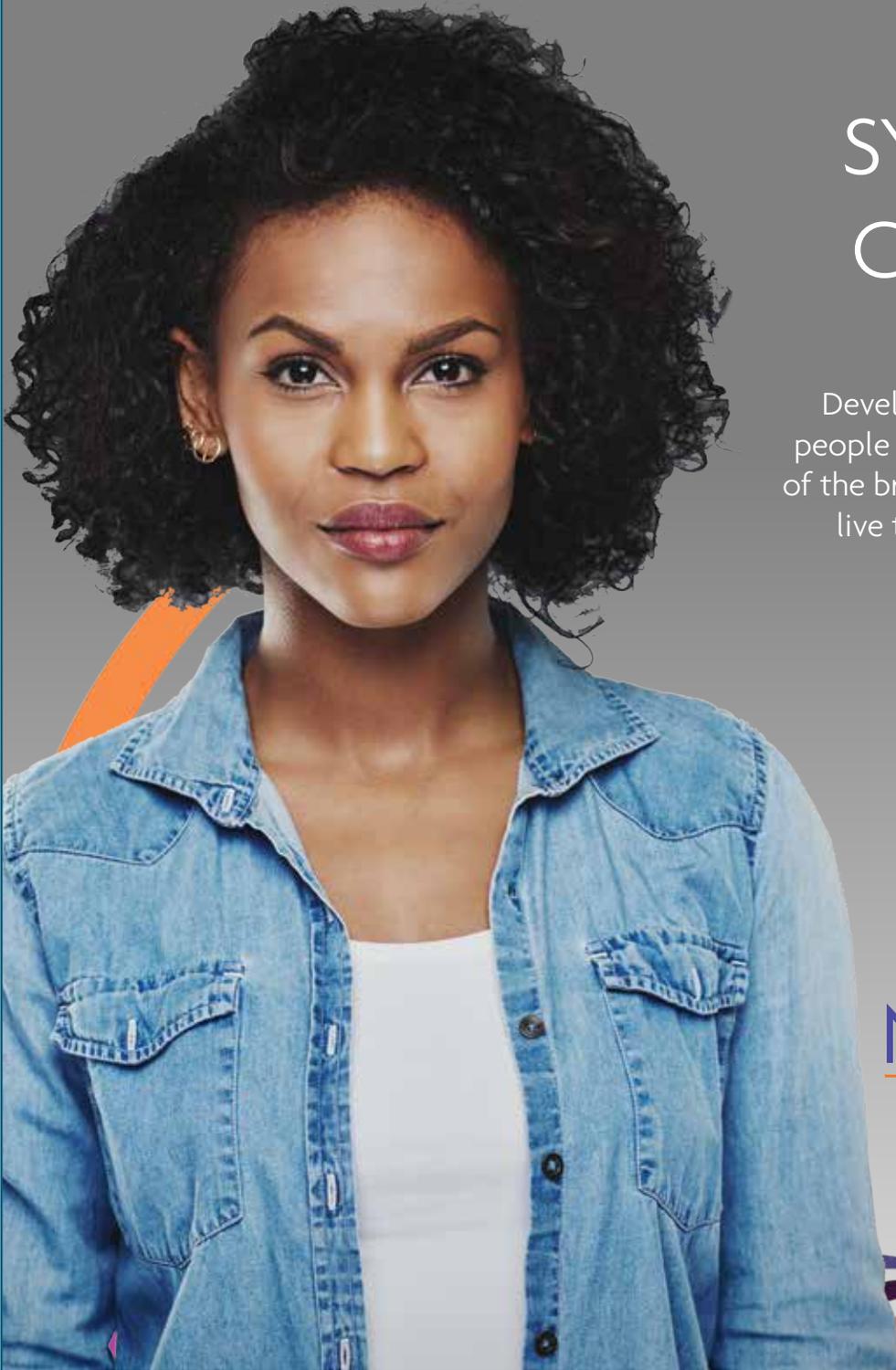


Journal of the Facial Pain Association

Spring 2022

Quarterly

The Facial Pain Association
7778 McGinnis Ferry Road, #256
Suwanee, GA 30024



BEYOND SYMPTOM CONTROL

Developing therapies to help
people with orphan conditions
of the brain and nervous system
live their lives to the fullest.



NOEMA
PHARMA



Libra
Trigeminal Neuralgia

info@noemapharma.com
noemapharma.com



From the Chairman of the Board

One of the best things that has emerged from Covid for me is that, in November 2020, the FPA was forced to hold our major conference virtually. We recently held a second virtual conference... and it was amazing. The FPA 2022 Conference was a two-day event, including sessions given by some of the world's leading experts. These experts made presentations and then answered questions. The good news for those of you who weren't able to join us is that recordings of most sessions will be posted on the FPA website later this year, so please check our website periodically. These videos are a goldmine of information about medications, surgical procedures, mental health aspects of living with chronic pain, and much more. An enormous THANK YOU goes out to FPA's staff, the presenters, sponsors, and all the volunteers who made this happen. Needless to say, the FPA will continue to hold conferences in the future.

Approximately half of the presenters at the 2022 FPA Conference belong to our Medical Advisory Board (MAB). This is the group of 16 MDs, PHDs, and DDSs who provide advice and counsel to the FPA staff and members of our community. Over 30 years ago, the FPA – then called the Trigeminal Neuralgia Association – was founded by Claire Patterson with the urging and support of Dr. Peter Jannetta, a pioneering neurosurgeon who established his world-renowned reputation by developing the microvascular decompression (MVD)

*“Necessity is the
mother of invention”
— Plato*

procedure. So, from the beginning, this organization was built on the bedrock of being able to provide the best medical thinking to help those of us with trigeminal neuralgia and other neuropathic facial pain, and it clearly continues to this day. All of us owe a great deal of gratitude to those who serve on our MAB, interestingly, a number of MAB members were directly trained by Dr. Jannetta.

If you ever thought that the phrase “you are not alone” was a silly platitude delivered to make you feel a bit less discouraged, but there wasn't much to it, I hope my description of our recent conference banishes your reservation. Nineteen presentations by world-leading experts; 1,300 participants from 27 countries; Peer Mentors discussing self-care; constant “chatter” by the attendees in the chat box asking questions and providing encouragements; offers from speakers to communicate directly with attendees after the conference, and much, much more. So, to all of you who may be “observers,” that is you astutely watch things, but don't usually get involved (one of my sons is a bit like that), let me provide a little nudge and encourage you to contact us; get connected with a Peer Mentor; join a Support Group; call our office to have one of our staff answer questions or send you information; attend our next conference, or something else. Our purpose is to help you. And yes, “You are not alone.”



David Meyers, Chairman of the Board
The Facial Pain Association



A Message From the CEO



Allison Feldman,
Facial Pain Association CEO

The FPA 2022 Conference provided a full weekend of educational presentations, opportunities to network with others affected by facial pain and healthcare providers, and special topic support groups.

The event kicked off Saturday morning with a greeting by FPA Chairman, David Meyers and Medical Advisory Board Chairman, Dr. Jeffrey Brown. Presentations on *Medical Causes of Facial Pain* by Dr. Hossein Ansari, and *What Patients Need to Know About the Differential Diagnosis of Facial Pain* by Dr. Donald Nixdorf provided background for those newly diagnosed. Dr. Wolfgang Liedtke then held a session on *Medication for Facial Pain*, a very popular topic. Other morning sessions provided education for those further along in their facial pain journey, including *Upper Cervical Chiropractic* with Dr. Larry Arbeitman, and *Medical Cannabis* with cannabis coach, Kristin Mulé.

Saturday afternoon's presentations began with Dr. Jeffrey Brown's talk on the *Principles of Surgical Treatment*, followed by *MVD*, *What's New*, *What's Next* with Dr. Richard Zimmerman. The alternate sessions covered *How Mindfulness Affects Our Brain*, *How We Think*, and *How We Manage Chronic Pain* by Dr. Jonathan Greenberg, and *Temporomandibular Joint Disorders* by the TMJ Association. A touching presentation by the Young Patients Committee closed out the day.

On Sunday morning, Dr. Julie Pilitsis gave a presentation on *Neuromodulation and Ablative Treatments*, and Dr. Steven Chang covered *Radiation Treatment for Facial Pain*. Dr. Leesa Scott-Morrow presented the topic of *The Personality-Pain Connection*, and we held an impromptu Q&A with the FPA Medical Advisory Board.

Dr. Gary Klasser's topic covered *Dental Care for the Neuropathic Facial Pain Patient*. Sunday afternoon's presentations were kicked off by Dr. Michael Lim's presentation on *Treatment Case Studies*, and a wonderful talk titled *Self-Care Wisdom from Three Peer Mentors*. The 2022 conference concluded by showing a path to our future with Dr. Raymond Sekula and Dr. Joanna Zakrzewska on *What's Happening in Research*, and a presentation by President of the Association of Migraine Disorders, Dr. Frederick Godley titled *What is Sinus Migraine and Why Should You Care?*

We are grateful to
all of the experts
for sharing their knowledge.

This event was more than educational. Attendees had the option to create a personal profile, include their photo, and share information about themselves, to better connect with others. Lively chats continued throughout the weekend, with attendees sharing contact information, tips, and ideas with each other. Four Support Group meetings provided the opportunity for special topics to be discussed among FPA Volunteers and attendees. Thank you, Lauren and Michael Corson (*Caregivers*), Anne Ciemnecki (*Upper Cervical Chiropractic and other Complementary Health Approaches*), Vince Holtmann (*Brain Tumors and Facial Pain*), and Stuart Gause (*Tips, Tricks, and Hacks for Everyday Life*) for facilitating these sessions.

Thank you to our moderators- Anne Ciemnecki, Ally Kubik, Stephanie Blough, and Dr. Jeffrey Fogel. We are grateful for the help of our amazing volunteers, including the Conference Committee, which helped create the event from start to finish.

Allison Feldman
Chief Executive Officer

FPA 2022 Conference Recap

This was my first time watching a conference and I was amazed how well all the doctors explained every issue of TN, the videos and diagrams made you understand what you are up against, and to think the conference was all over the world, I was in awe of everything, thank you so much FPA.

It was so organized and concise. I actually enjoyed the virtual format better than in person...

Great conference, I learned more about neuropathic facial pain and connected with a few attendees. The Q&A after sessions was very good. I am going to try to join a support group. Thank you all for putting the conference together!

I really enjoyed the conference. I was afraid I couldn't afford it but I received a code for free admission. Thanks a lot. I look forward to next year.

It was amazing! It is the first conference I attended. I am new to this community. My husband suffers from neuropathic pain. I thank you for all you are fighting for this community!

First time participant, many years experiences with conference structure... you guys hit it out of the park on this one. I will continue to participate.

This was an excellent, well-organized conference — providing valuable information and the opportunity to learn from a wide array of professionals on many pertinent topics to people experiencing facial pain. Hearing from fellow TN “sufferers” about their experiences and strategies for coping was very helpful and inspiring. Thank you to FPA and all involved in this conference for this special weekend of learning.

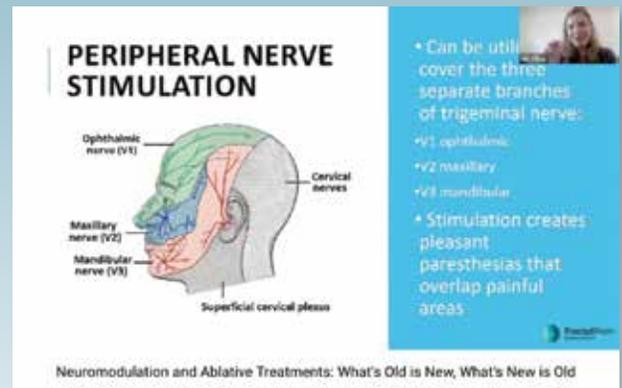
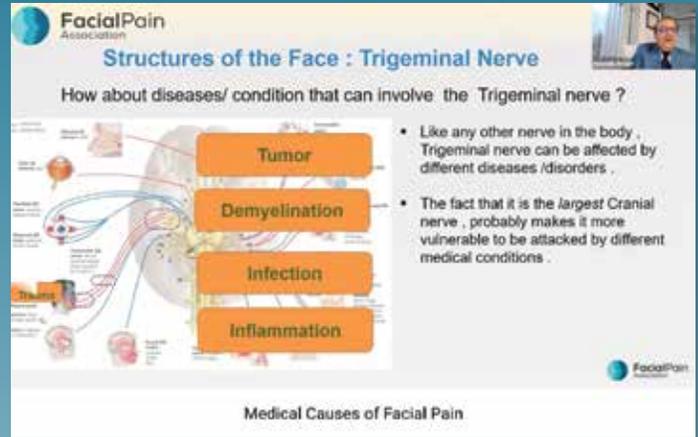


Table of Contents



5

MAB Corner



6

Medical Causes of Facial Pain - Part II



10

Patient Perspective

13

YPC Facial Pain Resiliency Academic Scholarship

19

Taxes and Donor-Advised Funds

21

Legacy Society & Sustainer Circle

22

Sponsors

The **Quarterly** journal is published four times per year by The Facial Pain Association
7778 McGinnis Ferry Road, #256 • Suwanee • Georgia • 30024
800-923-3608 • www.facepain.org



Managing Editor
Allison Feldman



Editor/Circulation Manager
Brandi Underwood



Medical Editor
Jeffrey Brown, MD, FACS, FAANS



Art and Design
Caren Hackman



The MAB Corner

Medical Advisory Board Member Profile

In this and future issues of the *Quarterly*, we will be highlighting members of the FPA's Medical Advisory Board which is composed of experts in neurosurgery, neuroscience, pain management, and dentistry.

John Tew, Jr., MD, is leading the growth of UC Health Integrative Medicine, which helps the whole person achieve overall wellness, and the UC Center for Integrative Health and Wellness, which was established at the College of Medicine in 2012 to educate medical students, fellows, and faculty on integrative medicine concepts to improve the way current and future physicians practice medicine. With an integrative medicine physician and a variety of practitioners, patients develop personalized plans for self-care to promote stress reduction, optimize health function, preempt disease, and prevent relapse.

Dr. Tew previously served as the Clinical Director of UC Neuroscience Institute for 15 years and has been a neurosurgeon since 1969. He served for 20 years as the Chairman in the Department of Neurosurgery at the University of Cincinnati Medical Center, and for 19 of those years as the Director of the Division of Cerebrovascular Surgery. Dr. Tew was the Frank H. Mayfield Professor of Neurosurgery from 1993-2002. He has been a neurosurgical pioneer in the areas of microsurgery, lasers, image-guided surgery, and trigeminal neuralgia. In March 2013, the UC Department of Neurosurgery announced the funding of the John M. Tew, Jr., MD, Chair in Neurosurgical Oncology.

Dr. Tew was announced as the UC Foundation Trustee Award recipient in 2011, and was honored as a Great Living Cincinnati by the Cincinnati USA Regional Chamber in 2010. In 2007, he was recognized with the Health Care Heroes Lifetime Achievement Award, as well as the Boy Scouts of America Eagle Court of Honor. In his lifetime, Dr. Tew has also been an Honorary Doctor of

Humane Letters at the College of Mount Saint Joseph and Campbell University, and an Honored Guest of the Congress of Neurological Surgeons. In addition, he has been awarded with the Daniel Drake Medal from University Hospital, the Leadership Medallion from Xavier University, and the Pro Ecclesia et Pontifice Medal by Pope John Paul.

He graduated from Wake Forest University in 1957 and the Wake Forest School of Medicine in 1961. Tew performed his neurosurgical residency at the Harvard University-affiliated Massachusetts General Hospital and Boston Children's Hospital. In 1969, as the recipient of the prestigious Van Wagenen Fellowship, he trained under Gazi Yasargil, MD, the founder of micro-neurosurgery, at the University of Zurich. He has published more than 200 papers and 75 book chapters, has co-authored four books, including the "Atlas of Operative Microneurosurgery," has trained more than 60 neurosurgeons, and has held more than 60 visiting professorships in the United States and around the world. He is co-chairman of the Acoustic Neuroma Association's Medical Advisory Board, a member of the Hemifacial Spasm Association's Medical Advisory Board, and a member of the UC Brain Tumor Center's community advisory council.

In addition to his professional achievements, Dr. Tew has also been a vital member of the community, serving as a Board Member of the University of Cincinnati Foundation, the Cincinnati Opera, and the Cincinnati Museum Center. He is also on the Alumni Board of the Wake Forest University School of Medicine, a cabinet member of the United Way of Greater Cincinnati Tocqueville Society, and an Advisory Board Member for Clever Craves for Kids. ■

Medical Causes of Facial Pain Part II



By Hossein Ansari, MD
Director of Headache and Facial Pain
Clinic at Kaizen Brain Center

Facial pain can be due to a variety of medical conditions.

The structure of the face is supplied by a nerve called the trigeminal nerve, which is one of 12 cranial nerves originating from the brain. The area of the brain from which the trigeminal nerve originates is called the “trigeminal nerve entry zone” (Figure 1). As it leaves the brain, the nerve collects in the area called the “trigeminal ganglion” (Figure 1). The trigeminal ganglion then splits into three trigeminal nerve branches, and enters the face. The three branches of the trigeminal nerve are responsible for sending pain, touch, and temperature sensations from the face to the brain. Any disorder affecting the trigeminal nerve from its origin in the brain up through its smallest branch in the teeth and face, that can cause pain is generally referred to as trigeminal neuropathic pain.

The most well-described cause of trigeminal neuropathic pain results from vascular compression at “trigeminal entry zone” inside the brain, known as “classical trigeminal neuralgia.” However, any medical

condition that can affect the trigeminal nerve, could potentially cause facial pain in the form of trigeminal neuropathic pain.

Autoimmune Disorders

Autoimmune disorders are the most common medical condition that can involve the trigeminal nerve. This involvement could be inside the brain, right in the area where the trigeminal nerve starts, or it can occur outside of the brain. In the fall 2020 issue of the Facial Pain Association Quarterly journal, we discussed autoimmune disorders involving the trigeminal nerve outside the brain, such as Sjögren syndrome. In this article, we will review conditions affecting the trigeminal nerve inside the brain.

Multiple Sclerosis

Multiple sclerosis (MS) is the leading cause of autoimmune disorder that can attack the trigeminal nerve inside the brain. MS is an autoimmune disorder in which the immune system attacks the myelin sheath around its own nerves. Recent research suggests that between four and six of every 100 people with MS experience trigeminal neuralgia. This is about 400 times more often than the general population. The prevalence of TN in the MS population has been reported to be between 1% and 6.3%. Trigeminal neuralgia is sometimes an early symptom in MS. In fact, in about 10% of MS patients diagnosis of trigeminal neuralgia preceded the diagnosis of multiple sclerosis by an average of five years.

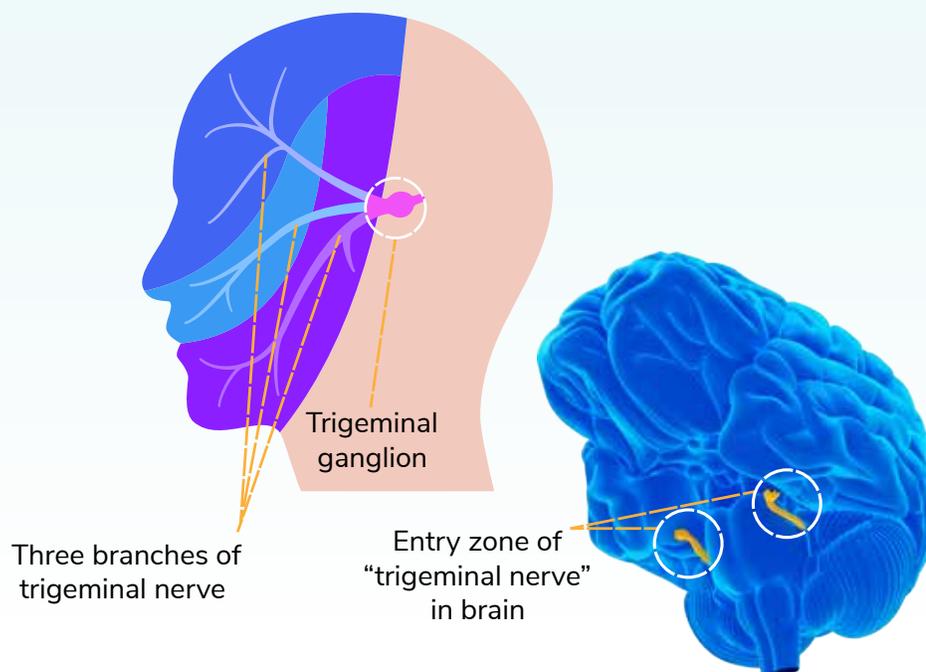


Figure 1 – Trigeminal nerve course from origins to face

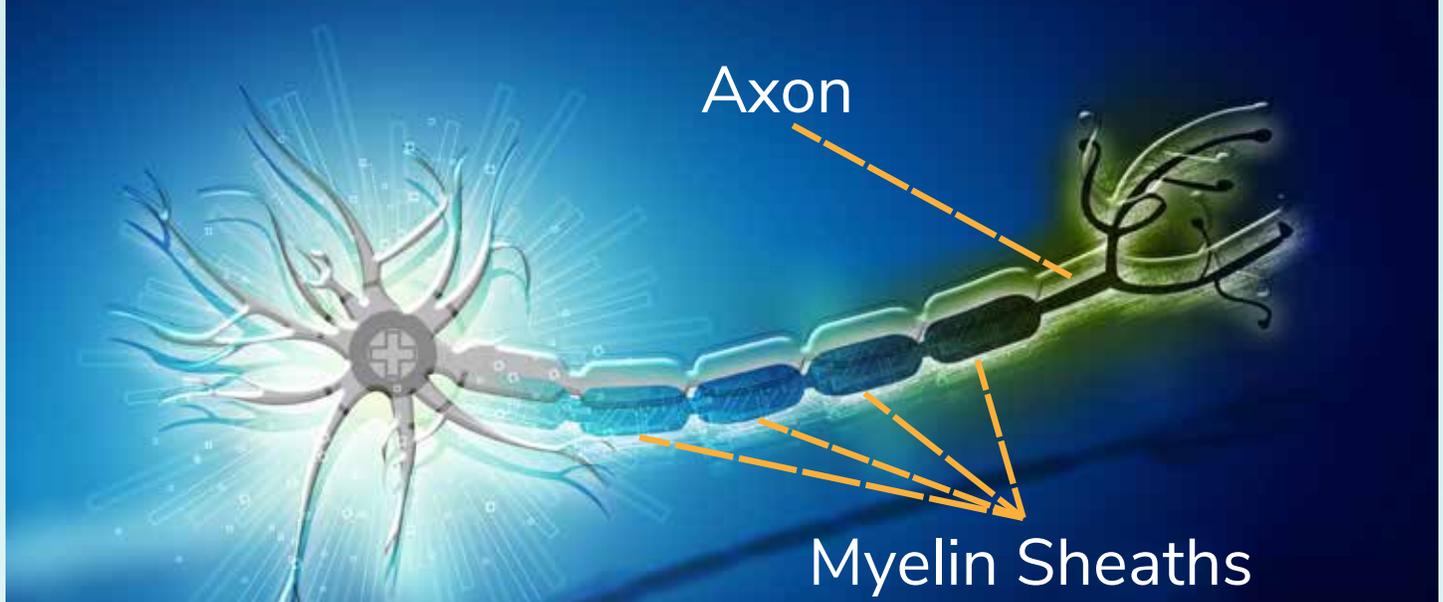


Figure 2- Structure of a neuron with two main components

Different people experience the pain of MS-related trigeminal neuralgia in different ways. It is most commonly felt in the cheek or in the upper or lower jaw but some people experience pain up towards the eye, ear and forehead or inside the mouth.

In order to understand why MS can cause trigeminal neuralgia, a short introduction regarding the nervous system is required. Nerve cells called neurons have two main components (Figure 2):

Axons are a key component of a neuron. They conduct electrical signals between neurons.

Myelin: an axon is insulated by a sheath throughout its length to increase the velocity of these electrical signals, thus allowing signals to propagate quickly. This sheath or cover of the axon is referred to as the myelin.

Demyelination

Demyelination occurs when the myelin sheath is damaged. These demyelinated nerves have spots, or plaques, with no myelin (Figure 3) When this damage occurs to the myelin sheath, electrical signals from the axons misfire when they are not supposed to fire. This increased electrical activity presents with pain, which classified as neuralgic pain.

Other than multiple sclerosis, myelin damage can be caused by any number of common and uncommon conditions. These include:

- Infections
- Inflammation
- Metabolic disorders
- Certain medications
- Excessive alcohol use
- Stroke
- Vitamin B12 deficiency

Therefore, it is not surprising that trigeminal neuralgia is more common in patients with multiple sclerosis than in the general population. For these patients, their facial pain can be confused with other pain, particularly dental pain. People with MS are 20 times more likely to experience trigeminal neuralgia than those without MS. Neuropathic pain is a common symptom in patients with MS. Among the different types of neuropathic pain, TN is a characteristic and difficult-to-treat neuropathic pain condition, with a relevant impact on the quality of life. Patients with MS experiencing TN find that daily life activities, work, mood, recreation, and overall quality of life can be disrupted.

“Medical Causes of Facial Pain” continued on page 8

Trigeminal Neuralgia Secondary to MS

Trigeminal neuralgia secondary to MS is, like the classical TN, characterized by a sudden, brief, jabbing, and electrical shock-like, recurrent pain with a distribution that is consistent with one or more branches of the trigeminal nerve. The paroxysmal attacks last from a fraction of a second to two minutes, and are typically provoked by simple stimulating of skin or mucosa of the face and/or mouth. The pain can be triggered by every day routine activities such as chewing, talking, brushing teeth, or by being outside in a light breeze. However, features that should raise the question of trigeminal neuralgia due to MS or other autoimmune conditions include:

Bilateral trigeminal neuralgia

It is extremely uncommon that classical trigeminal neuralgia occurs on both sides of the face, or bilaterally. In MS, an estimated 18% of patients reported to have bilateral trigeminal neuralgia. Therefore, any patient presenting with bilateral facial pain requires a very detailed work up with particular attention to ruling out MS as its cause.

Pronounced sensory changes

Patient who complain of significant sensory symptoms, either tingling or numbness on the face are more likely to have an autoimmune condition,

including MS. This is even more likely if patients have additional sensory symptoms on other parts of body, including feet and hands.

Continuous/constant pain from the onset of facial pain

Patients with continuous face pain can misattribute the pain to dental pain. Bearing in mind that facial pain could be a symptom of MS-related trigeminal neuralgia, it is always helpful to keep this possibility in mind, especially before considering any major dental work. On the other hand, some patients with TN secondary to MS, such as patients with other types of TN, suffer from concomitant continuous, dull or burning pain between attacks of electric shock pain. The area of continuous pain is the same area of paroxysmal pain and the intensity of pain fluctuates between the episodes of those paroxysmal pain cycles. Therefore, a detailed history in addition to a sensory exam is very important to make a correct diagnosis and work up.

Younger age of onset, particularly below age 40

It is rare for people under 40 to experience classical trigeminal neuralgia so, for those in this age range, it is particularly important to consider other causes of TN such as MS.

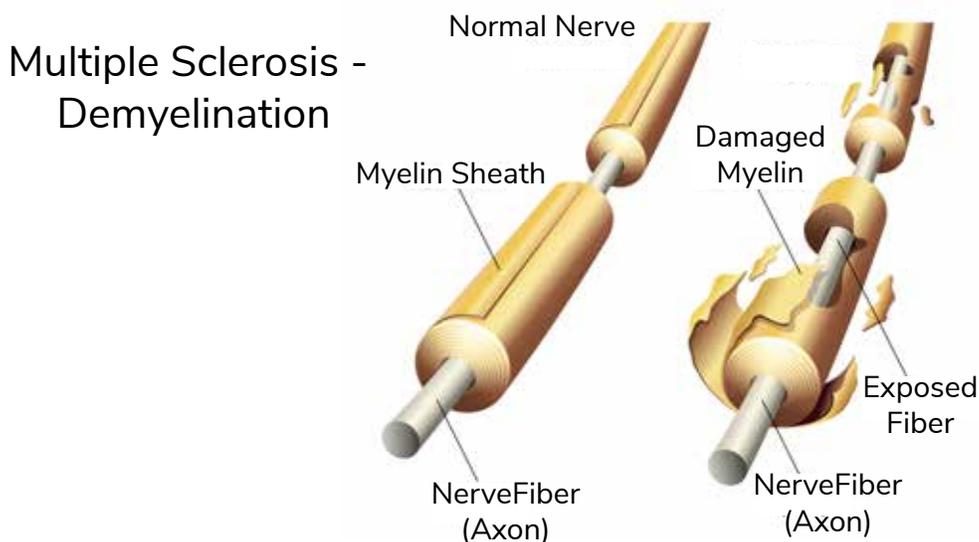


Figure 3- a demyelinated neuron in multiple sclerosis compared with a normal neuron

How Trigeminal Neuralgia Due to MS Can be Diagnosed

If after a detailed history and exam, if your physician suspects the possibility of MS as the potential reason for TN, a proper work up needs to be initiated which includes:

Magnetic Resonance Images (MRI)

A brain MRI, and in some cases cervical spine, MRI looks for changes caused by multiple sclerosis, such as signs of inflammation in the deep parts of the brain or spinal cord. This is called “MS plaques.” TN secondary to MS is usually associated with a plaque in the area of brain called the pons, which is easily detectable with MRI. In most patients, MRI is enough to make the diagnosis. However, a normal MRI result does not rule out MS. In a small number of people with MS, we might not be able to see the lesion(s) in an MRI, or it could simply be too early in the disease to detect the lesion. If trigeminal neuralgia is the only suspected symptom, we usually do not recommend further work up, but if there is high suspicion for MS due to some other neurological symptoms, additional work up might be indicated as below.

Spinal tap (lumbar puncture)

This test checks the fluid that runs through the spinal column. We use this test to look for high levels of proteins and other substances that are signs of MS or a related demyelinating disorder.

Evoked potentials

These electrical nerve tests can help confirm if MS has affected the parts of brain that help you see, hear, and feel sensations. In this test, some wires will be placed on the scalp to test the brain’s response as the patient watches a pattern on a video screen, hears a series of clicks, or receives electrical pulses on the arms or legs.

Disclaimer:

The FPA does not endorse any product, doctor, procedure, medical institution, or its staff.

Note from Medical Editor, Dr. Jeffrey Brown

Dr. Jannetta’s understanding of how a blood vessel could injure the trigeminal nerve is that ongoing pulsations lead to loss of the fatty covering on thousands of the wires contained in the cable that is the trigeminal nerve. This leaves “naked” nerves in contact and allows the short circuits that are perceived as shocks. Thus, “compression” is not the cause of trigeminal neuralgia. An analogy is that the nerve is being repeatedly “punched”, not constantly “squeezed.” These pulsations cannot be seen on a single image created by an MRI machine. However, the damage to the nerve has been documented by looking at nerve biopsies taken from just below the vessel moved at surgery.

Blood tests

There is no blood test to diagnose MS, but we order them to look for substances in blood that point to it. Most importantly, a blood test will help rule out conditions that look like MS.

Neurophysiological tests

“Trigeminal reflex testing,” particularly, which is abnormal in 89% of patients with TN secondary to MS, but in abnormal in only 3% of patients with classical and idiopathic TN. This might be a very helpful test in patients unable to get MRI due to metal in their body such as a pacemaker.

Treatment of trigeminal neuralgia in MS

According to international guidelines, there is insufficient evidence to support or refute the effectiveness of any medication in treating pain in TN secondary to MS. however, it is generally agreed that the first line therapy is pharmacological and is based, as it is for classical and idiopathic TN, on the use of sodium-channel blockers like oxcarbazepine or carbamazepine. It is critical that patients with MS treat their MS with medication that is specific for this condition. With advancements in medication for MS in the last decade, early and proper treatment of this condition might prevent progression of disease, and as a result, also prevent the progression of trigeminal neuralgia. Surgical treatment, particularly microvascular decompression, is less successful in TN secondary to MS. ■

Patient Perspective



Elizabeth Sirrell
DespitePain.com



I was in my early twenties when I noticed a constant ache in my face. Doctors didn't know what was causing it but didn't investigate it either. At one point, I was told that "everyone gets pain like this, so you just have to deal with it." Over the years, the pain worsened and, in my mid-forties, I was diagnosed with trigeminal neuralgia. I finally had a name for my pain and more importantly, I was prescribed medication that could help. I had hope.

My trigeminal neuralgia is atypical. It's always there, but on better days, I feel a background ache with a gentle burning. At other times, my face aches, stabs, throbs, and burns so much that it feels as though I've been sitting too close to an erupting volcano. My teeth feel as though they're being twisted and pulled by an evil dentist. It can be unbearable and very debilitating.

Many people who have atypical pain spend years visiting doctors looking for answers. When there are none, they lose hope of ever finding relief. Without a correct diagnosis, atypical TN is unlikely to receive the correct treatment. Atypical TN is generally constant and it often takes years before people are diagnosed accurately. Sufferers often deal with stress, depression, guilt and hopelessness due to their chronic pain. It is difficult to feel optimistic when dealing with TN; however, we can't let it beat us.

Knowledge is Power

I wasn't very good at it when I was younger but I have since learned the importance of self-advocacy. Learning about facial pain conditions, causes, and treatments can give you something to focus on. If you have knowledge, you will feel more confident at medical appointments. You'll understand what the doctor is talking about, you'll feel more able to

ask questions, and even begin the conversation about treatment options. Your knowledge about your condition might also make you aware that the doctor you're working with isn't the best doctor to treat this condition, so you may have to do some research to find another one. Finding the right doctor is crucial but we also need to help the doctors to help us. We can do that by giving them accurate information about our pain:

- Describe the pain using short and simple explanations - burning, aching, stabbing etc.
- Draw a diagram of your face and mark exactly where you experience the pain.
- Keep a pain diary to show the frequency and levels of your pain. (A diary might also help you to find triggers.)

You're Not Alone

Join facial pain groups online to receive emotional support and practical advice from other people who understand your pain. The FPA website has support groups all over the world, and peer mentors for one-on-one support - never be afraid to reach out to them for help or advice.

Don't Give Up

Trigeminal neuralgia is one of the most painful conditions known to man. It's persistent, so you need to be, too. If you don't have a good doctor, there are better ones. If your medication or treatment isn't helping, there are many others to try. Today might seem like the worst day ever but always remember that tomorrow might be better.

“Hope is just a small word but we need to hold on to it.”

12 Ways to Find Positivity

1. Smile

Look in the mirror every day and smile at your own reflection – you are guaranteed to get a smile back. Smile at other people – they'll smile back at you. Smiling really is infectious and it is scientifically proven to be good for you. It releases feel-good endorphins which help your mood and your pain.

2. Laugh

They say laughter is the best medicine. Read some silly jokes, watch your favorite sitcom, or look on Youtube for some funny cat or dog videos.

3. Wash and Dress

If you're able to, have a shower or bath, then get dressed. Some days are definitely pajama days because of physical pain or illness. But on the other days, putting on comfy clothes can lift your mood rather than wearing pajamas all day.

4. Eat Well, Sleep Well

Getting good, healthy nutrition and sleep are both so important for us physically and mentally. Comfort food is called comfort food for a reason and it doesn't have to be unhealthy.

5. Write or Talk About How You Are Feeling

Write about your problem. Sometimes writing about it can clear your mind and put everything in perspective. It's worth trying. Loneliness is common for people with chronic health problems. Chat to someone. Chat online or by telephone if there's no-one around or you can't get out.

6. Focus

Focus on one hour at a time, or even just one minute at a time. Focus what you can do, rather than what you can't. Focus on what you have, rather than what you don't have. Try keeping a gratitude journal. Look around you and find things that make you happy. Old photos, family, pets, anything that triggers happy memories. Smell some flowers. Watch a butterfly. Small things like that can mean a lot when you live with pain. Focus on whatever makes you feel better.

7. Activity; Physical and Mental

I always feel better mentally if I can get outside and move about a bit, but walking isn't always possible, nor is going outside due to cold weather. However, there are gentle exercises which some people can do indoors and despite their disabilities. Find links on YouTube of sitting exercises and gentle yoga. Do what you are able to do and speak to your doctor or physiotherapist for advice. If you can't manage physical exercise at all, do some breathing and relaxation exercises. Try to keep your mind active with distractions. Do crossword puzzles, write a story, watch a movie, read a book, or get your mind engrossed in a hobby. Bake a cake, paint a picture, knit a scarf, or string some beads to make a necklace.

8. Be Around Positive People

Surround yourself with positive people. It's nice to be there with a listening ear for other people when they're down, but sometimes you need to think about your own mood. If you're down, you can't help them much, and their mood could bring you down further. Sometimes, you need to back away, even if only for an hour, until you can handle it.

9. Music Can Lift Your Spirits

The world would be a sadder place without music. My taste in music ranges from everything to anything. But there are just some singers and some songs that I can't help but sing along to. Singing can turn my mood around. My singing can also turn my husband's mood around but that's because I can't sing! He puts up with it, though. What's your favorite song or piece of music?

10. A Little Kindness Goes a Long Way

Do something nice for someone. A little kindness will make them feel good, but it will also help you feel better. You could phone an old friend or spend five minutes chatting to an elderly neighbor – it doesn't have to involve spending money. Time is often more precious to people than money. And do something nice for yourself. Treat yourself. Do something you enjoy – take time to watch your favorite movie, do your nails, or put some essential oil in a diffuser and just breathe.

11. Be Hopeful

I don't believe in having false hope. Miracle cures that seem too good to be true normally are. But we can still hold on to hope. We can hope for better treatments and for better understanding. And we can hope for better tomorrows.

12. Pep Talk

Look in a mirror and look right into your eyes and say "I love you." Sometimes we knock ourselves down so much but we shouldn't. You are doing the best you can in a bad situation, so be proud of yourself." ■

Please read the entire article at DespitePain.com

IT'S TIME TO

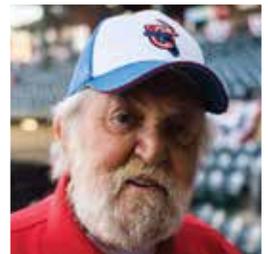
DARE FOR MORE

ARE YOU READY?

People with **trigeminal neuralgia (TN)** are in urgent need of more treatment options.

Together, we can move science forward.

To find out more about our TN clinical research, contact us at clinicaltrials@praxismedicines.com



2022 YPC Scholarship Recipients



By Stephanie Blough
Chair, Young Patients Committee

The Young Patients Committee (YPC) assists in fulfilling the mission of FPA by representing the interests of neuropathic facial pain patients under the age of 40. In 2021, YPC launched the Facial Pain Resiliency Academic Scholarship, available to students in the US between the ages of 18-40 attending college or university that have facial pain. Students who struggle with, or succeed in their fight

against facial pain deserve assistance in their pursuit of a post-secondary education. Ambitious students who attend college despite their facial pain setbacks display impressive resolve, and the Young Patients Committee of the Facial Pain Association wants to recognize and reward these determined individuals. The FPA YPC is pleased to announce two recipients who each received a \$500 scholarship.

Congratulations, Rosa Sophia Godshall and Sidney Haak!

This scholarship is made available through donations and the generosity of people like you.



By Rosa Sophia Godshall

2022 Facial Pain
Resiliency Academic
Scholarship Recipient

Five Strategies for Coping Advice to Young Patients Entering College

Twice a week, I make the three-hour commute to Florida International University in Miami where I'm studying for my MFA in Creative Writing. Sometimes I miss class because of pain attacks, but my professors are very understanding.

Whenever I meet a new instructor, I let them know I have trigeminal neuralgia. I tell them how I manage it, what my triggers are, and I let them know the attacks are unpredictable. These conversations have opened doors, too. It turned out one of my professors also had trigeminal neuralgia, and we were able to connect as patients who understood each other.

That's my first piece of advice for young patients entering college:

Be clear about your limitations, not just with others, but with yourself, as well. And make sure you have everything you need to ensure you can be as comfortable as possible during and beyond your studies.

I grew up in a small town in rural Pennsylvania. Ever since I was a child, I've had trigeminal neuralgia, but I wasn't diagnosed until I was twenty-seven.

As I got older, the frequency and length of my pain attacks worsened. I already knew the pattern, but the pattern was changing. As a child, I could expect to be "sick" about once a year. No one suspected nerve pain. In high school, pain attacks were frequent enough that I missed classes.

Rosa's story continues on page 14



Teachers hypothesized that I wasn't trying hard enough—that the pain was my imagination, sparked by an unwillingness to do my work. My mother didn't know who to listen to, feeling more and more powerless each day. I didn't know how to deal with it because I could barely describe my own experiences.

Time dragged on during the attacks, which seemed like they'd never end. I couldn't describe the hell I was in, and to this day have difficulty expressing it in writing.

One of the reasons I moved to Florida at age twenty-four is because of the pain—although, at the time, I didn't know what it was. I just thought the warmer climate would help me with whatever I was going through, and it turned out I was right.

At twenty-five, I enrolled in automotive school, missing a few classes here and there because of pain attacks I couldn't explain. I took night classes to earn my Associate's Degree in Automotive Technology, while working at a library during the day.

The pain worsened, becoming more frequent. I graduated from Lincoln College of Technology in 2012, content to have obtained my degree program without missing much.

In the summer of 2013, when I was twenty-seven, the pain attacks hit a new level. It was the worst

I'd ever experienced. I had been working in an automotive shop part-time, and the sounds and vibrations from air tools began to aggravate my nerves. I went to the ER for the first time, but they couldn't figure out what was wrong with me. For three months, I couldn't eat, I lost weight, and I missed a lot of work.

Finally, I was diagnosed with trigeminal neuralgia.

I remember sitting on the edge of my bed and crying, wondering if I could ever live like other people. I left my job at the library and built my own business as an editorial freelancer so I could attempt to control my environment in order to lessen the frequency of the attacks. I earned my Bachelor's Degree in Communications by studying online.

Today, I'm thirty-five and in my fourth year at FIU. Although it's a two-year program, it's taking me longer because I cannot manage a full course load: As a trigeminal neuralgia patient, I have to consciously manage my nerve pain.

My second piece of advice to young patients is to try to find ways to adjust your life accordingly: Don't rush yourself. Depending on your focus of study, and your career path, it might be more difficult for you. But, additionally, in an age in which more people are working and attending school from home, you may find more options opening up than ever before.

As I continued to hone my skills as a freelance writer, I was hired as a part-time managing editor for Mobile Electronics magazine. I work entirely from home. In fact, my company is based in Massachusetts, and I'm the only employee living in another state.

Having to structure my life around trigeminal neuralgia impacts my ability to grow professionally: Last year, I made \$18,000. I rely entirely on financial aid to attend FIU. To make matters more complicated, I support my 73-year-old mother, who lives with me.

My third piece of advice for young patients is to pursue as much grant money as you can while attending college. Be creative when you look for opportunities.

Here's how I manage my pain when I go out: I wear soft, two-piece turbans that help mitigate the pins-and-needles sensations I have on my scalp, which may also be the result of undiagnosed occipital neuralgia.

I wear cotton head scarves to protect the left side of my face from any breezes. In air conditioning, I use my scarves to keep my face warm.

I think most of us reach a point where we don't worry about what other people think anymore. When I'm asked about my head scarves, it's an opportunity for me to raise awareness of invisible chronic illnesses.

Sometimes I worry about what might happen if I lost my job—how I would take care of myself and my mother—or what might happen if my pain became more challenging. But I can't worry too much about that. All I can do is put one foot in front of the other and work with what's in front of me.

My fourth piece of advice to young patients is to share your experience: You don't have to do this alone. People likely won't understand your situation, but if they know you suffer from chronic pain, they'll understand when you have to leave early, or opt out of after-class activities.

My hope is to pursue a PhD in Creative Writing after I graduate with an MFA. At an informational session on PhD programs held by one of my professors, I raised my hand and said, "Because of my chronic pain, I can't hold a regular job, and I don't think I would be able to teach because of all the triggers. Is it okay to go for a PhD if I just want one?"

My professor replied with an emphatic yes, adding, "That's the best reason!"

My pain has changed the way I look at life: Without the pain, I might be planning my career. With the pain, I'm aware it could get worse, and this causes me to focus more on things that I enjoy. Instead of focusing on a career, I focus on what I love to do: Writing is what I love to do, and I also love being a student.

In this way, pain has taught me to cherish what matters most. It's given me an intimate relationship with my own mortality: If my low-pain days are numbered, I'd better do what I enjoy so I can make the most of my time. It's my belief that this kind of living—with or without chronic pain—leads to a life of few regrets.

My fifth and final piece of advice: Follow the path you most desire for yourself. As I've heard other patients put it, I have chronic pain—

But chronic pain doesn't have me. ■

Join the YPC community on social media and help spread awareness.



@tnaypc



@tnypc



@youngpatients



@tealribboncrafts



Happy Mail

My Trigeminal Neuralgia Journey



By Sidney Haak

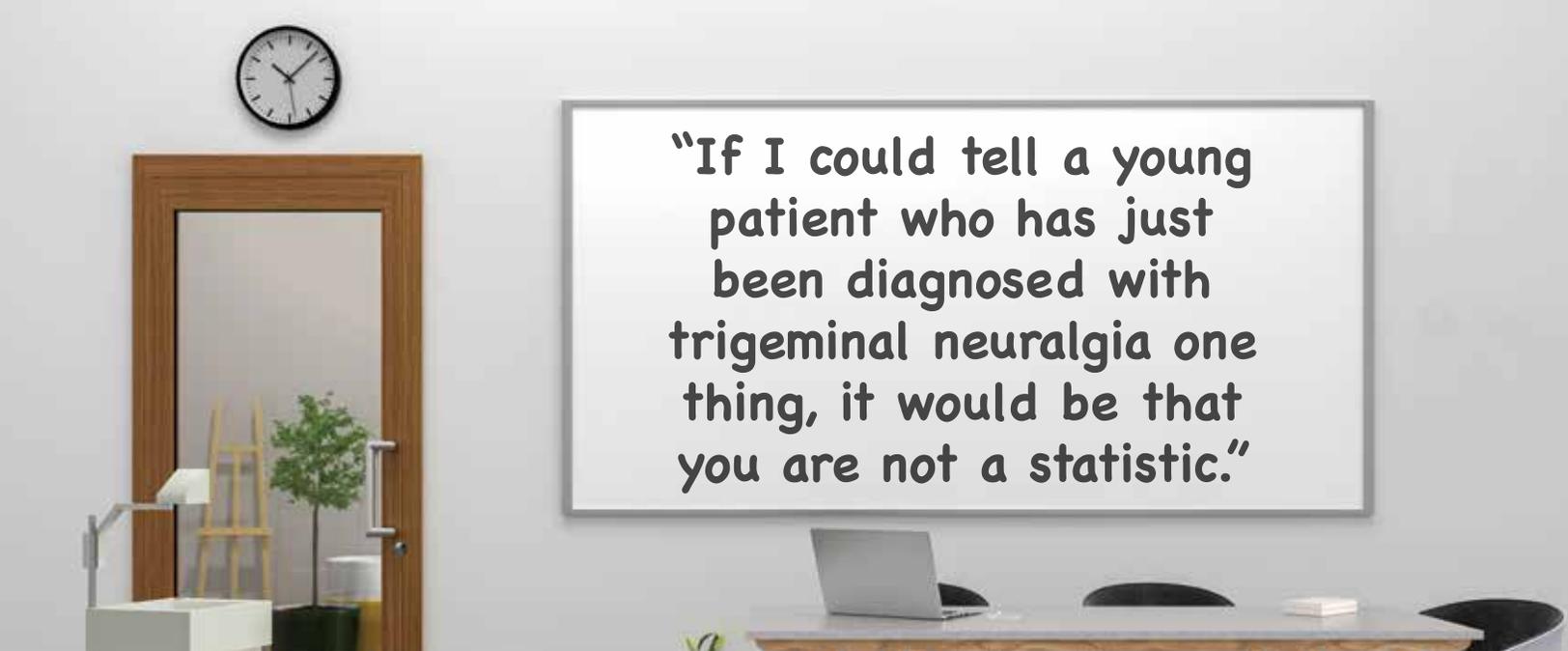
2022 Facial Pain
Resiliency Academic
Scholarship Recipient

My trigeminal neuralgia journey began when I was a sophomore in high school. I was a varsity cheerleader, played trumpet in the marching and concert bands, and was involved in numerous clubs. I had just moved to Denver, Colorado to live with my father and everything was looking up! Without any warning, I was hit with the brick wall of debilitating pain that would control the rest of my life.

I don't remember the day that it began, but I do remember thinking about how much I was dreading going to the dentist for the constant pain that I felt in my tooth. I always avoided going to the dentist, but the pain was too consistent and began to get worse and worse. I do remember finally telling my father that I desperately needed to go, and soon after made my appointment. I went to my appointment, had a few cavities that needed to be addressed, and naively thought that would be the end of my discomfort. After having my dental work done, I patiently waited... and waited... and waited for the pain to subside. After going back multiple times, I switched dentists to try and find a second opinion to help me. I am forever grateful for this dentist

who suggested that I set up an appointment to be seen by a neurologist. I do recall him saying that the tooth was the definition of perfect and that I should not have any pain at all. I was the least likely candidate for a diagnosis of trigeminal neuralgia, but I am grateful that he went with his gut and was able to help me find an answer to my unending pain.

I spent many hours in my car, either from pain or frustration, of being passed around to different dentists and neurologists when all I cracked was an answer. I was a senior at this point when I finally got a name to what was causing me so much hurt, both physically and mentally. I was so confused as to why something like this would happen to me, what I did to cause something like this to happen, and what I was supposed to do now that I knew that I would have to cope with this the rest of my life. I spent countless nights woken up from the pain, rolling in a ball in my bed, seething and crying from what felt like someone pulling teeth out of my head. I was embarrassed to be in public because it would hit me like a light switch; I would be completely fine one second, and then unable to stand straight and breathe



"If I could tell a young patient who has just been diagnosed with trigeminal neuralgia one thing, it would be that you are not a statistic."

the next. I was so worried about what other people, especially being in high school, would think of me.

The first attempt to control my new "friend" was medication. This sounded simple enough and I happily took my new medication religiously in order to have some relief. To my dismay, I only experienced the most popular side effects: dizziness, memory loss, sleepiness, etc. I recall having to pull over on my way to work one day to call my mother because I had forgotten how to get there, or the time that I had the strange sensation of turning my head and then feeling like my eyes took a minute to catch up.

I was a senior in high school and began to watch my GPA drop before my eyes. I lost my ability to drive myself to work and school, and slowly started to distance myself from my extracurricular activities. I lost my independence and drive to finish strong, go to college, and plan for my future. I was so desperate to get my life back that in May of 2013 I decided that I would have microvascular decompression done. I do remember everything about the day that I had my surgery and how scared I was going into the operating room. I remember the many appointments that I had prior to prepare me and even the morning of when they came in to mark the right side of my head and insert the IV. I remember slowly getting drowsy and being wheeled into the operating room, the fluorescent lights buzzing and fading as I passed by. I remember helping the doctors move me from the rolling bed onto

the operating table, unable to control my movements or thoughts. Then nothing.

I woke up and I am not confident on all of the details, but I know at some point my neurologist came in to check on me. The one question I wanted to know was "were you able to fix it?" He told me that he was unable to because he learned that I have a small bone growth on my skull that would otherwise never have been detected or impacted my life in any way. I was just so "lucky" that this bone growth is what was rubbing on my trigeminal nerve, along with my brain stem and my optic nerve. This growth has caused black vision spells my whole life and my facial pain, and I finally knew why. They were unable to shave it away because I would likely experience blindness or some form of paralysis if anything went wrong during the operation.

So there I was, back at square one... and with a cool new scar. I decided that regardless of this new information, I was going to apply to my dream school as I was quickly approaching a huge milestone in my life, the time when I moved away to go to college. I applied to Texas A&M University because I wanted to be a veterinarian. I enrolled in courses, packed up my life, and moved into my first dorm! I loved being at school and made the best of friends. But, unfortunately, I was still taking a cocktail of medications each day that had a clear negative impact on my GPA. I was self-conscious and embarrassed to

"Sidney Haak" continued on page 18

“Sidney Haak” continued from page 17

be at my dream school and have such a low success rate in my courses. I quickly realized that I needed to take the time that everyone suggested, go back home, and give myself time to heal. One semester later, I gave up on my dreams of attending Texas A&M, gave up on my dreams of being a veterinarian, and moved back home. I had tried so hard to do well. I never went to a single party, always worked on school work instead of hanging out with friends, and stayed up much later than I should have been preparing for tests. I thought I was doing it all right.

After moving back home, I enrolled in our local community college. I continued with my classes in my new major of education. I immediately saw my GPA shoot up! I knew that if I slowed down and listened to my body that I could do it. I slowly weaned myself off of all of my medications and continued to watch my academic success rise. I made new friends, began to be able to work again, and I had the feeling that I was getting my life back! After a few years, I was able to graduate from college with my degree and certification in teaching! I began teaching in 2018 and

am teaching high school English to this day! I am now a wife, a mother, a homeowner, and an independent person who also lives with trigeminal neuralgia.

If I could tell a young patient who has just been diagnosed with trigeminal neuralgia one thing, it would be that you are not a statistic. You are part of a bigger picture. When you have no answers for what you are going through, just remember all of the people before you who could not live with this pain. You have to do it for them, and for yourself. You are never alone, even when it feels like no one else in the world will understand. I would tell them that every ounce of pain and anguish that they feel is valid. But that it is a season. Each attack of pain will fade and it may come back again, but that one will fade too. Find your tribe of people who will be there for you and support you when you are too tired to hold your head up. Lean on those who have paved the road before you. It is okay to admit that you are hurting, tired, upset, angry, lost. But, never give up. You may have the answer to help those who come after us. You may have the answer for one person who needs it most. ■

The Facial Pain Association has a new address!

7778 McGinnis Ferry Road, #256, Suwanee, GA 30024

Please notice that the URL in our email address has been changed to @facepain.org.



Allison Feldman
Chief Executive Officer
afeldman@facepain.org



Regina Gore
Database and Volunteer
Coordinator
rgore@facepain.org



Christina McCurdy
Bookkeeper
cmccurdy@facepain.org



Natalie Merrithew
Digital Media Coordinator
nmerrithew@facepain.org



Brandi Underwood
Marketing and
Communications Manager
bunderwood@facepain.org

Join the facial pain community on social media and help spread awareness.



@facialpainassociation



@facialpainassoc



@facialpainassoc



Facial Pain Association



Facial Pain Association

How To Save Taxes With A Donor-Advised Fund



By John Temple
Vice Chairman, FPA Board of Directors

What is a DAF?

Donor-advised funds are 501(c)(3) charitable funds that aggregate charitable donations. Most national investing platforms such as Vanguard, Fidelity, and Schwab sponsor DAFs, contributions to which count as charitable deductions when made. While assets contributed to a DAF are no longer owned by the donor, they are set up as the donor's Charitable Fund, and the donor can advise the DAF how to invest the assets and when and to which charitable causes to make donations. Investment income in the DAF accumulates tax-free, thereby increasing a donor's charitable firepower. There are no time limits on making donations from the DAF. In addition to DAFs sponsored by financial entities, there are also unaffiliated national DAFs such as the American Endowment Foundation and the National Philanthropic Trust, as well as cause-specific or community DAFs.

Why Have DAFs Become So Popular?

DAFs have long provided tax planning opportunities enabling individuals to aggregate multi-year donations and deduct them in a year in which they expect to have a high tax rate, while still enabling favored charities to receive donations in line with the taxpayers' originally intended schedule. Charitable

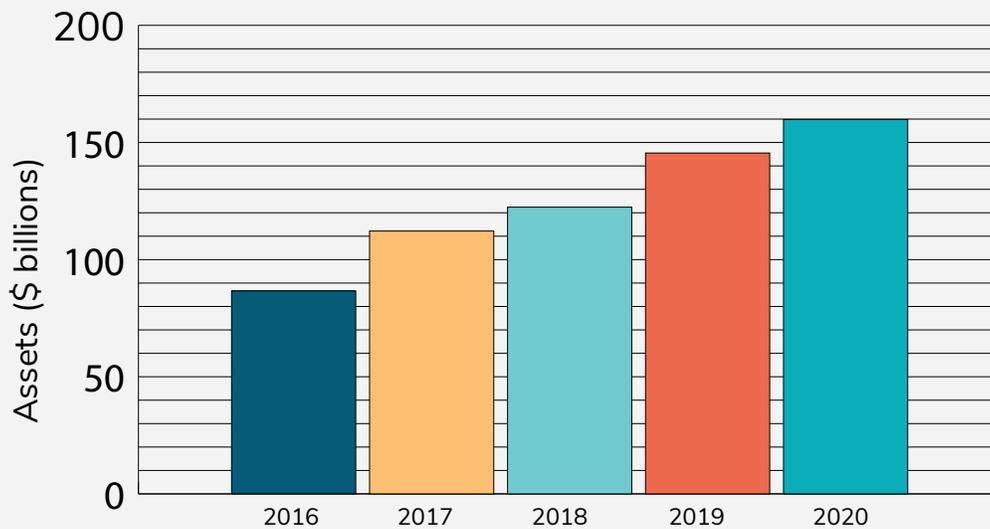
donations made in cash can be deducted up to 60% of a taxpayer's adjusted gross income.

DAFs, however, have gained more prominence as a tax planning tool since the 2017 Tax Cuts and Jobs Act limited State and Local Tax (SALT) tax deductions. This resulted in many taxpayers who had previously itemized deductions to take the standard deduction. Charitable deductions for those taking the standard deduction are limited to just \$300 and \$600 respectively for single and married taxpayers. Aggregating several years of expected charitable donations and contributing the entire amount to a DAF in one year can enable the taxpayer to itemize deductions in that year while taking the standard deduction in subsequent years. Donations can still be made as intended to the taxpayer's favorite charities by advising the DAF when and to whom to make the donation. Donations from a DAF are, of course, not deductible.

Another wrinkle worth noting is that the donor can advise the DAF what to do with the funds in the event of the donor's death. Choices include distributing the assets to one or more charities or specifying a different person to advise the DAF on future donations.

"DAF" continued on page 20

Charitable Assets in Donor-Advised Funds



Source: National Philanthropic Trust 2021 Donor-Advised Fund Report

Donating Appreciated Securities Can Save Even More Tax.

Whether making a contribution to a DAF or directly to a charity, donating appreciated securities can be especially tax efficient. The full market value of the appreciated securities can be deducted, up to 30% of adjusted gross income, while capital gain is avoided on the appreciation. The DAF also does not incur any capital gain tax liability on subsequent sale of the securities.

While some charities cannot accept securities, DAFs can usually accept publicly-traded securities, which can then be sold, enabling cash donations to be made to the favored charity. Here at the Facial Pain Association, we are pleased to accept donations of cash or securities, whether directly from donors or indirectly through a donor-advised fund. ■

On a Personal Note...

I retired a few years ago, shortly after joining the FPA Board of Directors. Knowing that I was shortly to lose my earned income and with social security and IRA distributions still several years away, I could foresee my marginal tax rate dropping substantially. To take advantage of this, I set up a DAF with Vanguard Charitable with an amount approximating to what I intended to donate over the following five years, taking the entire deduction in the year of my retirement when my income was high. The savings have far exceeded my expectation, partly because the capping of SALT deductions has meant that I have taken the standard deduction for the last two years which meant I could only take \$600 of charitable deductions, and partly because the investment returns at Vanguard Charitable have been so good that the original contributed balance has hardly declined despite two years of donations to FPA and others. I just wish I had contributed appreciated securities, but you cannot think of everything!

Finally, please discuss tax saving strategies with your tax advisor before executing them — tax laws change frequently, and I and the FPA cannot provide you with tax advice.



Your story. Your values.
Leave a Legacy with the Facial Pain Association.

Our Legacy Society members are an instrumental group of supporters
who have included a gift to FPA in their estate planning.

● Anne & John Ciemnecki
Doris Gibson
Ronald David Greenberg

● Carlin Lagrutta
Miriam Leinen
Mary Ann McCann

● David & Jody Meyers
Charles Muchnick
Mary-Ann Neri

Arlene & Bernard Richards
● Paula Rosenfeld
● Arthur & Ann Schwartz

If you would like more information on joining the FPA Legacy Society, please
call 800-923-3608 or email Brandi at bunderwood@facepain.org.

● Pledged



FacialPain Association Sustainer Circle

The Sustainer Circle is an incredible community of monthly givers who help ensure that FPA meets our mission of support, education, and advocacy of the facial pain community.

Jerry Adkins
William Albert
Cynthia Bennett
Carol Berardi
Susan Blowers
Jennifer Byram
Douglas Caldwell
Joey Callahan
Luanne Crawford-Richey

Daniel Desmedt
Allison Feldman
Stephen Fleming
Irene Fulk
Margaret Gallo
Lorri Genack
Robby Gore
Charles Graham
Warren Huss

Ally Kubik
Isabella LaGrego
Audrey Martinuzzi
Arthur Matson
Laura Ortiz
Brandi Underwood
Candace Walkup
Kathleen Warren
Linda Wilson



Sponsors



Signature Professional Members

AdventHealth Neuroscience Institute

Christopher E. Baker, MD
Melvin Field, MD
Ravi Gandhi, MD
David Rosen, MD

Carilion Clinic

Mark Witcher, MD, PhD, FAANS

Cleveland Clinic

Eric P. Baron, DO
Varun Kshetry, MD
MaryAnn Mays, MD
Pablo F. Recinos, MD
Payal P. Soni, MD
Aarushi Suneja, MD

Hoag Hospital

Christopher Duma, MD, FACS
Mark E. Linskey, MD, FAANS
Ali Makki, DMD

Jefferson Health

David W. Andrews, MD, FACS
James J. Evans, MD
Robert H. Rosenwasser, MD, FACS
Ashwini D. Sharan, MD
Stephen D. Silberstein, MD, FACP
Marlind A. Stiles, DMD
Chengyuan Wu, MD

JFK/New Jersey Neuroscience Institute

Joseph C. Landolfi, DO

Mayfield Brain & Spine

Steven C. Bailey, MD
Vincent A. DiNapoli, MD, PhD
Yair M. Gozal, MD, PhD
George T. Mandybur, MD
Ronald E. Warnick, MD

Mayo Clinic Arizona

Bernard R. Bendok, MD, FACS
Chandan Krishna, MD
Richard S. Zimmerman, MD, FAANS

Mayo Clinic Florida

William P. Cheshire Jr., MD
Ronald Reimer, MD
Robert E. Wharen, MD

Mayo Clinic Minnesota

John L.D. Atkinson, MD
Michael J. Link, MD
Frederic B. Meyer, MD
Bruce E. Pollock, MD

Merit Health

E. Thomas Cullom III, MD
James Robert House, MD
Adam I. Lewis, MD
Steven Zachow, MD

Northwell Health

Amir R. Dehdashti, MD, FACS
Mark B. Eisenberg, MD
Robert G. Kerr, MD, PhD
Mitchell E. Levine, MD
Michael Shulder, MD
David B. Weintraub, MD



Signature Professional Members

NSPC Brain & Spine

Michael Brisman, MD
Jeffrey A. Brown, MD, FACS, FAANS
Alan Mechanic, MD

Raleigh Neurosurgical Clinic

Takanori Fukushima, MD
Laith Khoury, MD
Russell R. Margraf, MD

Springfield Neurological and Spine Institute

H. Mark Crabtree, MD, FACS
Edwin J. Cunningham, MD, FACS
Ted A. Lennard, MD
J. Charles Mace, MD, FACS
Chad J. Morgan, MD
Salim Rahman, MD, FACS
Robert D. Strang, MD
Jeffrey L. Woodward, MD
Michael J. Workman, MD, FACS

Trigeminal Neuralgia Treatment Center of Virginia

K. Singh Sahni, MD, FACS

University of Virginia Gamma Knife Center

Jason P. Sheehan, MD, PhD
Zhiyuan Xu, MD

The Valley Hospital

William S. Cobb, MD PhD
Anthony L. D'Ambrosio, MD
Chad M. DeYoung, MD
Thomas P. Kole, MD, PhD
Michael F. Wesson, MD

Weill Cornell Brain and Spine Center

Michael Kaplitt, MD
Jared Knopman, MD
Susan C. Pannullo, MD
Phillip E. Stieg, MD, PhD, FAANS



Professional Members

Douglas E. Anderson, MD

Alan J. Appley, MD, FACS

Larry S. Arbeitman, DC

Gregory Arnone, MD

Ramesh P. Babu, MD

Samuel L. Barnett, MD

Chetan Bettegowda, MD, PhD

George K. Bovis, MD

Mark Bryniarski, MD

Edward Chang, MD

Geetika Chawla, MD

James M. Chimenti, MD

Aaron Cohen-Gadol, MD

David Darrow, MD

Paul W. Detwiler, MD

Bradley A. Eli, DMD

Dario J. Englot, MD, PhD

David Estin, MD

Melvin Field, MD

Tomas Garzon-Muvdi, MD

Michael L. Gelb, DDS, MS

Thomas W. Grahm, MD

Andrew W. Grande, MD

Judy Huang, MD

Babak Jahromi, MD, PhD

Brian H. Kopell, MD

P. Jeffrey Lewis, MD

Mark E. Linskey, MD, FAANS

Johathan H. Lustgarten, MD

Shamin Masrour, DO

Mark R. McLaughlin, MD

Sachi Mehrotra, DDS

Ali Mesiwala, MD

Matthew Mian, MD

Yaron A. Moshel, MD

Stephen Nalbach, MD

Shervin Rahimpour, MD

Mark B. Renfro, MD

James C. Robinson, MD

Jason Rosenberg, MD

Joshua M. Rosenow, MD

Laligam N. Sekhar, MD, FACS

Francisco X. Soldevilla, MD

Eric Sussman, MD

Louis R. Vita, DDS

Azik Wolf, MD

MAYFIELD

Brain & Spine

Mayfield offers several treatment options for patients with trigeminal neuralgia, glossopharyngeal neuralgia, hemifacial spasm, and other types of facial pain.

Our treatments include:

Gamma Knife radiosurgery



Microvascular decompression surgery (MVD)



Percutaneous stereotactic rhizotomy (PSR)



Mayfield's Nationally Recognized Trigeminal Experts



Steven Bailey, MD



Vincent DiNapoli, MD, PhD



Yair Gozal, MD, PhD



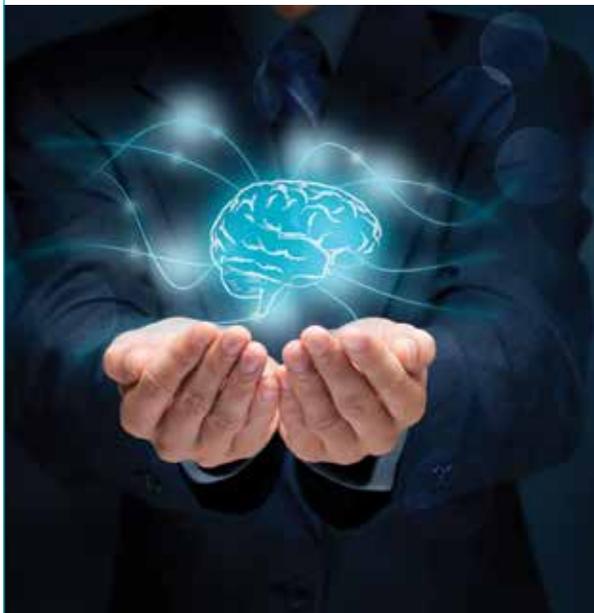
George Mandybur, MD



Ronald Warnick, MD

For more information, visit mayfieldclinic.com/trigeminal or call **513-221-1100** to make an appointment.

Face Pain?



You're
in good
hands.



Ramesh P. Babu, MD
Board Certified,
Fellowship trained
neurological surgeon
with 25 years of
clinical practice

Lenox Hill Hospital • 110 E. 36th Street, Suite 1A • New York, New York 10016
Office: 212-686-6799 • Fax: 646-454-9148 • Email: rameshpitti@yahoo.com

DO YOU SUFFER FROM TRIGEMINAL NEURALGIA?

Biohaven Pharmaceuticals is conducting a clinical trial for a potential medicine to help treat TN. If you or a loved one suffer you may qualify.

Visit: TrigeminalNeuralgiaStudy.com or scan the QR code below for more info.



Scan to Learn More





WORLD CLASS TRIGEMINAL NEURALGIA FACIAL PAIN PROGRAM

Dr. Michael Brisman, Dr. Jeffrey Brown and Dr. Alan Mechanic perform all of the different procedures for Trigeminal Neuralgia, and are leaders in the field of facial pain surgery.



Michael Brisman M.D.

Dr. Brisman has served as Chief of Neurosurgery at NYU Winthrop Hospital, Mineola, NY, and is Co-Medical Director of the Long Island Gamma Knife® Center at Mount Sinai South Nassau in Oceanside, NY.



Jeffrey Brown M.D.

Dr. Brown is the Facial Pain Association Medical Advisory Board National Chairman. He serves as the Neurosurgery Director of the NYU Langone Long Island CyberKnife® Program in Mineola, NY.



Alan Mechanic, M.D.

Dr. Mechanic served as Chief of Neurosurgery at Huntington Hospital, in Huntington, NY, from 1996 to 2014. He has served as Chairman of the Nassau Surgical Society Section of Neurosurgery.



Scan to request a consultation

nspc.com | (844) NSPC-DOC
In-Network with The Empire Plan (NYSHIP)



NSPC
Brain & Spine
Surgery

Advanced Treatment Starts Here



Weill Cornell Medicine Brain & Spine Center

Our Facial Pain Program includes internationally recognized experts in the field who have advanced training in the very latest minimally invasive procedures used to treat TN.

Advanced Treatment for Facial Pain

Expert, integrated care for patients with trigeminal neuralgia, addressing both your physical and emotional needs



DR. PHILIP E. STIEG
Chairman of the Department of Neurological Surgery
Microvascular Decompression
212-746-4684



DR. MICHAEL KAPLITT
Director, Movement Disorders and Pain
Neurostimulation, Alcohol Rhizolysis,
Stereotactic Radiofrequency Lesion,
Microvascular Decompression
212-746-4966



DR. SUSAN PANNULLO
Director of Neurosurgical Radiosurgery
Stereotactic Radiosurgery (Gamma Knife)
212-746-2438



DR. JARED KNOPMAN
Neurosurgeon and Interventional Neuroradiologist
Microvascular Decompression
212-746-5149



DR. JOHN PARK
Chief of Neurosurgery,
NewYork-Presbyterian Queens
Microvascular Decompression,
Stereotactic Radiosurgery
718-670-1837

Find out more at weillcornellbrainandspine.org/facial-pain-program or call one of our specialists to make an appointment.