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There’s a new hope for those suffering from the facial pain associated with trigeminal neuralgia. Stereotactic radiosurgery is a painless, non-surgical treatment that uses very precise beams of radiation which target the nerve root. This outpatient procedure involves no incision, no pain, and no anesthesia.

Call a treatment center near you to see if radiosurgery can end your pain.

**Austin CyberKnife (Austin, TX)**
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AustinCyberKnife.com

**Columbus CyberKnife (Columbus, OH)**
614-898-8300
ColumbusCK.com

**CyberKnife Center of Chicago (Chicago, IL)**
331-221-2050
ChicagoCK.com

**Illinois CyberKnife (Chicago, IL)**
847-723-0100
IllinoisCK.com

**Oklahoma CyberKnife (Tulsa, OK)**
918-949-6676
OklahomaCK.com

**Reno CyberKnife (Reno, NV)**
775-348-9900
RenoCyberKnife.com

**Rush Radiosurgery (Chicago, IL)**
312-942-4600
888-722-6123
RushRadiosurgery.com
TNA Quarterly
The Journal of
The Facial Pain Association

Special Features

TNA Patient Registry
Phase I, an effort by TNA – The Facial Pain Association to accrue definitive data to measure the effectiveness and cost of various treatment modalities.

What is Radiosurgery?
How is it Done?
How Does it Work?
“Radiosurgery doesn’t destroy the nerve, since in most cases there is pain relief without much numbness”
By Jeffrey Brown, MD

TIC TALK
NEW to the Q
Tic vs Tick:
What is Lyme disease anyway? Mayo Clinic describes Lyme disease as the most common tick-borne illness in North America and Europe.
By Cindy Ezell

Physician-scientist
Andy Ahn aims to chart a map of how the brain is affected by trigeminal nerve pain
By Arline Phillips-Han

The Facial Pain Network: One Year Old and Growing Everyday Whether you’ve just been diagnosed or are finally pain free, our growing, international, multilingual facial pain community provides online support when you need it.

Compassionate, visionary Claire Patterson charted the first course for TNA “Once, we were the only ‘port in the storm’ for providing basic navigation to people stricken by ... trigeminal neuralgia,”
By Arline Phillips-Han

In Every Q

From the Chairman of the Board
Support Group News

Ask the Doctor

Renewals and New Memberships

TNA’s Memorial Tribute Fund

Cover Page 27
Nationally acclaimed experts on facial pain will be in NYC on May 12th as part of TNA’s regional conference program. Learn about surgical and nonsurgical treatment options. How to deal with facial pain through acupuncture, chiropractic and nutrition. Meet the experts, ask questions and get answers.
At our February Board meeting, we considered a strategic plan which has been under development over the last few months. We took into account statistics which suggest that there are between 120,000 and 400,000 trigeminal neuralgia sufferers in the US and others which indicate that approximately 1.7 million Americans suffer from some form of facial pain with an incidence of 50,000 and 60,000 new cases a year. Comparing these statistics to our estimated patient constituency of some 40,000 patients, the Board came to the conclusion that the Association needs to increase awareness of TN and other facial pains, if the Association is to fulfill its Mission. This means that we must not only increase public and patient awareness but also improve the knowledge base of doctors and dentists and of nurse practitioners and physician assistants, who are quickly becoming the source of primary care.

We also determined that the work of our Facial Pain Research Foundation is ever more important, as the population of patients with unresolved pain continues a frustrating search for answers, and that we should find ways to provide the Foundation with additional support. Armed with these conclusions, we have planned the measures necessary to achieve our goals and the Association will now pursue appropriate initiatives.

Following the board meeting, I was struck by two personal experiences which highlighted for me the importance of what the Board decided. First, I was asked by a friend if I could help someone who had TN and who was experiencing renewed pain attacks following surgery a few years ago. In speaking to the patient, I learned that the onset of pain occurred in 2005 and that she had had Gamma Knife surgery in 2007, with pain returning in the last few months accompanied by numbness. Apparently, I was speaking to an otherwise healthy patient who was considering a second procedure to resolve the pain. However, this time, she was now considering microvascular decompression. When I asked her why she had chosen Gamma Knife in the first place, she told me that the surgeon had told her of her various surgical options but had thought that Gamma Knife would be best. Armed with more knowledge, this patient now regrets the initial decision and will undergo a microvascular decompression procedure. Now, one cannot fault the surgeon who performed Gamma Knife surgery – one does not know what facts he was dealing with – but I do suggest that, if this patient had been aware of the Association earlier, we might have guided her initial decision towards a different choice.

This experience was since followed by an introduction to another TN patient who has suffered from TN for six years and who, on the advice of her doctor, has sought treatment for her pain from her dentist. The dentist has performed several expensive procedures, including a number of root canals, and, of course, the pain persists.

While these anecdotes are not uncommon, we like to believe that we are getting our message across. Sadly, however, there are far too many patients who are making poor choices in their treatment and the continued need for the Association's outreach looms large. The Facial Pain Network – Happy Anniversary!

Roger Levy, Chairman of the Board
TNA – The Facial Pain Association
The Patient Registry, Phase I, is an effort by TNA – The Facial Pain Association to accrue definitive data to measure the effectiveness and cost of various treatment modalities. This information will allow us to play a role as advocate for facial pain patients as the national healthcare debate continues to evolve and is crucial to winning the battle against neuropathic face pain. The data will be used by TNA for the express purpose of advancing the cause of facial pain awareness.

More than 1,600 patients have already completed the online survey which is located on the TNA website at www.tna-support.org. We encourage every patient to join in this project. The more information we can gather, the louder our voice will be heard.

Let’s take a “sneak peak” at some of the raw data we’ve gathered up till now. Remember this data has not yet been analyzed and it is way too early to draw any conclusions, none the less it still makes for interesting reading.

Patient Profile:
74% female
71% married
51% work or are homemakers
66% are on medication
78% have at least some pain

Diagnosis Received from:
neurologist 46%
neurosurgeon 17%
dentist 10%
Mary Coll suffered for 15 yrs. from Trigeminal Neuralgia, which causes sudden bursts of facial pain. She had reached a point where medication no longer helped relieve the pain. “There was a moment where I couldn’t speak from the pain” said Mary. That’s when a friend who had the same condition told her about the Gamma Knife treatment, changing Mary’s life forever. “I want everyone to know there is a solution to be pain free” said Mrs. Coll.

Led by renowned neurosurgeon Aizik L. Wolf, M.D., the Gamma Knife team at Miami Neuroscience Center used a nonsurgical technique to safely target the root of the irritated nerve in Mrs. Coll’s face. The outpatient procedure brought an end to her many years of suffering. “My life has changed” said Mary with a smile on her face, “The horrible pain is gone!”

Gamma Knife is considered the “gold standard” in neurosurgery. It is not an actual knife, but a non-invasive procedure with a sophisticated system for delivering single high dose radiation of gamma rays to target problem areas. Dr. Wolf and his team have performed over 7,000 procedures, making it one of the leading Gamma Knife teams in the United States. Miami Neuroscience Center at Larkin is committed to a positive patient experience that adheres to the highest ethical standards. The center’s professionals are dedicated to helping patients achieve the best possible outcomes for their individual conditions.

For more information about Gamma Knife at Miami Neuroscience Center at Larkin call 786-671-6800 or visit us online at www.miamineurosciencecenter.com.
The following are some of the treatment options undergone by participating patients: the number of responses per procedure; the percentage of those patients that have had some success with that particular treatment.

<table>
<thead>
<tr>
<th>Treatment</th>
<th># of Patients</th>
<th>% Found Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve Blocks:</td>
<td>350</td>
<td>26%</td>
</tr>
<tr>
<td>Botox Treatments:</td>
<td>114</td>
<td>24%</td>
</tr>
<tr>
<td>Pain Mgmt Programs:</td>
<td>409</td>
<td>25%</td>
</tr>
<tr>
<td>Upper Cervical Chiropractic:</td>
<td>418</td>
<td>26%</td>
</tr>
<tr>
<td>Yoga/Meditation:</td>
<td>385</td>
<td>32%</td>
</tr>
<tr>
<td>Acupuncture:</td>
<td>706</td>
<td>24%</td>
</tr>
</tbody>
</table>

The following are some of the surgical procedures undergone by participating patients: the number of responses per procedure; the percentages regarding pain relief; the average length of time until pain returned.

<table>
<thead>
<tr>
<th>Treatment</th>
<th># of Patients</th>
<th>after surgery % pain free</th>
<th>partial pain relief</th>
<th>average # of months before pain returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVD Surgery</td>
<td>411</td>
<td>55%</td>
<td>24%</td>
<td>71</td>
</tr>
<tr>
<td>Gamma Knife Radiosurgery:</td>
<td>234</td>
<td>32%</td>
<td>34%</td>
<td>11</td>
</tr>
<tr>
<td>Radiofrequency Rhizotomy</td>
<td>105</td>
<td>40%</td>
<td>31%</td>
<td>15</td>
</tr>
<tr>
<td>Glycerol Rhizotomy</td>
<td>78</td>
<td>44%</td>
<td>21%</td>
<td>13</td>
</tr>
<tr>
<td>Balloon Compression</td>
<td>46</td>
<td>37%</td>
<td>22%</td>
<td>19</td>
</tr>
</tbody>
</table>

When the final data analysis is complete the following types of information will help us determine the financial impact of this disease.

Patients covered by private health insurance: ...............................................59%
Patients covered by Medicare ..................................................................................22%
Patients who have lost time at work due to facial pain..............................................63%
Have you ever collected disability because of your face pain .............14%

It is too early in the project to assume any conclusions from this data, we need more participants, more information. The online survey delves into greater detail on these topics and others. If you are a face pain patient, and have not already done so, please go to www.tna-support.org and join the Patient Registry.
My goal in this article is to provide simple answers to those questions. First off, let me join the choir of neurosurgeons who say that if you are suffering from intermittent, electric shock stabbing pain on one side of your face that is brought on by talking or chewing or touching your face then you have trigeminal neuralgia or TN1. Get started on an anticonvulsant medication such as Tegretol. Have an MRI done at a facility knowledgeable in the treatment of facial pain. Know that all MRIs are not equal. Find out the cause of the problem. If the medication works but the side effects at the effective dose become too bothersome and a vascular association is seen on the MRI, then consider a microvascular decompression as the treatment of choice. There is more to this discussion, but this is the nutshell summary.

So what about radiosurgery? Radiosurgery has nothing to do with a radio or with surgery. It is a silly name for a complicated treatment. Radiosurgery is a way of injuring the trigeminal nerve so as to reduce the amount of electricity that gets to the short circuit in the nerve that causes the lightning bolt of pain in the face. An artery, or possibly a vein, pulsing against the nerve causes a short circuit in the nerve. It injures the insulation of many, many tiny nerve fibers. Over time the nerve fibers try to heal the injured insulation. A scar forms, then it breaks down and more scar forms. That is why the pain may go away, but come back in time. Scar forms. Pain stops. Scar breaks down. Short circuit and pain comes back.

This sounds simplistic, but it is the best way I can explain the concept of "dysmyelinization" that has been seen in biopsies of the trigeminal nerve taken from actual nerves just beneath the site of vascular compression in patients.

By Jeffrey Brown, MD

Dr. Brown is a neurosurgeon and Eastern Director of TNA’s Medical Advisory Board. Dr. Brown has published more than 35 articles in peer-reviewed neurosurgery journals on the treatment of chronic pain, especially facial pain.

What is Radiosurgery? How is it Done? How Does it Work?
with trigeminal neuralgia. It shows up when the nerves are looked at under an electron microscope. The explanation is not scientifically provable, but it makes sense to me both as to the cause and treatment of the pain. Understand that the “insulation” of the nerve is not like the rubber covering a wire. The “covering” of the trigeminal nerve is not the “myelin.” The covering is more like a protective lining. The nerve root consists of thousands of tiny wires many of which are surrounded by myelin insulation of variable thickness. It is like a cable of wire fibers wound together in which fibers have their own insulation.

Here’s the real interesting part. Pain fibers don’t have any insulation. Wait a minute you say. If pain fibers don’t have insulation and facial pain is caused by injury to insulation then what’s up? Trigeminal neuralgia is a form of “neuropathic pain.” That means that the pain comes from the nerve itself not because the nerve is detecting injury to your body elsewhere and telling you something is bad by giving you pain. Pain is good. It helps you get away from something injuring your body. The trouble with neuropathic, or nerve generated, pain is that there is no outside injury to run away from in order to stop it. True, in trigeminal neuralgia there is something we think is causing the injury, but it needs surgery or medicine or both to fix. So in “neuropathic” facial pain there is no injury to pain fibers and pain fibers don’t seem to be involved. In fact, in one of the treatments of trigeminal neuralgia, percutaneous balloon compression, the pain fibers are selectively preserved by the surgery done to treat the pain.

On to radiosurgery. “Stereotactic” radiosurgery is a technique of selectively injuring the trigeminal nerve root with computer directed beams or arcs of radiation. The radiation is generated by two different approaches. “Gamma Knife” isn’t a knife of course, and it doesn’t “cut” anything. The “gamma” radiation is derived from a fixed source of cobalt radioactivity. The source is contained in a lead box that is opened for a mathematically calculated time period. A helmet shaped like the top to an ice cream cone funnels the radiation to a “collimated” circle of varying widths. For trigeminal neuralgia the width of the collimator or tube is less than an eighth of an inch in diameter. By adjusting the position of your head so that the targeted trigeminal nerve is at the center of that circle of radiation, dozens of otherwise harmless beams of radiation come together in one “hot spot.” How “hot” the spot gets depends on how long the box is kept open and how much radiation piles in. Depending on how old the radiation source is, meaning how much radiation has leached out over time, it takes 20-45 minutes to reach the planned dose. The targeting is done by computer calculation based on the neurosurgeon identifying the trigeminal nerve on an MRI or CT scan. This is the most important role of the neurosurgeon, other than placing the frame on the head. Sometimes it is not so easy to see the nerve, especially if there has been previous surgery on it by microvascular decompression, for example. It is a team effort and the role of the radiation therapist is to assist in designing the best treatment plan for radiation delivery. It is not automatic and the neurosurgeon needs to be involved.

Radiosurgery doesn’t destroy the nerve, since in most cases there is pain relief without much numbness. So the radiation hurts the nerve fibers only a bit, likely because it is injuring myelin insulation and, once again, reducing the electricity that gets to the short circuit in the nerve. Note, the reason the nerve fiber doesn’t work as well when the myelin is injured is that the speed of electrical conduction is reduced when that happens. Why doesn’t this injury cause a short circuit also? Maybe it has something to do with the constant “pounding” from the blood vessel. Everyone knows the terrible tingling feeling of hitting your “funny bone.” It must be as if the nerve is being hit over and over again. Once the pounding stops, the pain stops. That is, unless there is some form of permanent injury that has developed.

TN2 likely is a result of a component of permanent nerve injury. With TN2 there is an element of constant, usually burning pain, in addition to electrical stabs. That may be why it is harder to treat by microvascular decompression. It is also why it may not be appropriate to treat by an “ablative” procedure such as radiosurgery. That is because the radiosurgery injures an already injured nerve and may make things worse.

Back to the techniques used for radiosurgery. There are two other approaches besides gamma knife. There is “Cyberknife” or robotic delivery of radiation and the arc based system. Cyberknife and arc-based systems generate photon radiation using a small linear accelerator (LINAC) that is turned on by electricity and is not inherently radioactive. The “cyberknife” of course is not a knife and has nothing to do with cyberspace.
The technique uses a robot, the same one used to do spot welding of cars when they are built. Instead of shooting lasers, it shoots radiation beams of varying diameter depending on the collimator placed on the accelerator piggy backed on the robot. The robot moves slowly and the shots of radiation can arrive from many different directions. Each shot has a small amount of radiation, but they add up where they “paint” the target from the different directions. You could do something similar with gamma knife if you had a very long time to do it. The problem is that with gamma knife the radiation source doesn’t move, the target (the patient’s head) has to move a small amount. Also, there is less freedom of movement in the gamma knife system compared to the robot. Theoretically the Cyberknife can paint the target, the nerve, more smoothly by shooting from many different directions. For large brain tumors this may be an advantage. For trigeminal neuralgia it is not known whether it helps.

Why would it help? Each “shot” of radiation has spread. A second “shot” will have overlap with the first if it is close enough. The overlapping “spread” doubles the radiation dose where they overlap. More “shots” with more overlap complicate the dosing even more. Actually an individual “shot” with gamma knife is already a sum of a hundred different beams focused by the collimator and the ice-cream cone top with holes in it. By the way, all of the systems can make sure that no radiation, or very little, goes through vital and susceptible areas such as the eyes or the optic nerves or the brainstem.

Finally, the arc-based system uses arcs of radiation generated by the linear accelerator. The accelerator shoots a collimated thin dose shaped like a thick line that rotates around the top of the head. By rotating the accelerator by a few degrees around a virtual post aimed at the nerve by a few degrees, additional arcs, or slices, are delivered all of which add up at the target, the nerve. Radiation dose and the shape of the target can be adjusted by limiting the range of each arc delivered. For example, instead of rotating around a 120 degree, the accelerator may only be turned on for 60 degrees of the arc and that 60 degrees can come from different angles. That allows the system to avoid shooting through the eyes to get to the trigeminal nerve.

When should you be treated by radiosurgery?

My personal preference is to recommend a microvascular decompression if it is at all safe to perform it. Often more feeble (not necessarily older) patients are not medically fit to undergo MVD. Many such patients require blood thinners because of cardiac concerns. It is possible to treat with gamma knife without stopping the blood thinners. Sometimes it is safe to stop them briefly.

You need to do that for Cyberknife because that treatment requires a spinal tap to inject dye into the spinal fluid so as to best see the trigeminal nerve on a CT scan of the brain. The Cyberknife system works primarily off of CT scans of the skull and brain. MRI scans are “fused” to the CT scan with software. Because the Cyberknife works off the CT scan, patients do not need to have a frame fixed to their skull. The system, by taking repeated Xrays of the skull in between shots of radiation can adjust for small amounts of movement by moving the table on which the patient is lying. The software fuses the skull image from the Xray to the CT image in the computer and moves the table to make any change. Movement is constantly monitored during delivery of the radiation. A silicone mask keeps the head nearly but not absolutely motionless. The mask is molded to the shape of the skull and face and is worn during treatment. It is easier than having a frame placed as is done for gamma knife.
I realize we still haven’t got down to when you should have radiosurgery done versus all the other treatments. Maybe that is better saved for another article because the answer is not a short one, except to say, as I already have, it is not my first choice. It is also definitely not my choice if you have TN2 and not the “classical” TN1 pain.

Is there a “gold standard”? Gamma knife has been around the longest, used the most and evaluated the longest of the techniques. This is true, but gamma knife was the new kid on the block for a very long time and so was microvascular decompression. Complications still occur with radiosurgery, the most severe being “anesthesia dolorosa” or complete or near complete numbness from the treatment. This in itself is horribly painful and hardly treatable. This is why more time and space is needed to answer the question “Should you have radiosurgery for your facial pain?”

Come to New York City on May 12, 2012 and we will speak about it and answer your questions during the course of the day. If you have never been to NYC I realize it can be imposing. But there are even cherry blossoms to see if you know where to look. Contact the TNA office if you need encouragement.

Please comment on this article. Visit our website fpa-support.org and click on the TNA Quarterly cover photo.

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$19.95 for non-members

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– Jack C., TN Patient

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fpa-support.org
bit.ly/tnameditech
Support Group News
By Ron Irons

You can make a difference and help others know for sure they are not alone. TNA The Facial Pain Association is looking for Support Group Leaders. Now is your chance to help others! It’s not that involved and we will assist you in getting started.

After all, a support group is just a group of friends getting together to create a warm non-judgmental atmosphere where members can talk about life's challenges without embarrassment as well as give support and encouragement to each other.

Where to meet? Restaurant, public library, community center, your church, synagogue, hospital or medical center, your home, etc. Keep in mind that the meeting place should be accessible to as many people as possible.

How often and how long? Monthly, Bi-monthly, once a quarter… it’s you and your group’s choice.

How to find members? TNA The Facial Pain Association will provide you information about people in your area. We will assist in getting the word out about your support group and your meetings. For your first meeting we will mail letters to your initial list of members.

First Meeting – Remember this first meeting is for the few that will attend. Introduce yourself and share your story, invite others to share their stories, but no one should be forced to talk before they feel comfortable. All information should be kept confidential within the group. Ask for volunteers to help plan/run future meetings and assign specific tasks. Allow 1-2 hours for the first meeting then let the group decide the time, length and place of future meetings.

I will bet you did not know it would be that easy but it is. I am ready to answer any questions you may have and assist you as your support group grows!

Support Groups do make a difference for those in pain. If you have found a cure for your pain please attend a TNA/FPA Support Group and share your success with others who are looking for answers! Please contact me if you would like to have a TNA Support Group close to you! E-mail: rirons@tna-support.org or Phone: 352-750-1149.

Dr. Thomas Kopitnik moved to Wyoming from Dallas, Texas where he was a Professor of Neurological Surgery at Southwestern Medical School. He helped start the North Texas chapter of the Trigeminal Neuralgia Association. He has treated Trigeminal Neuralgia for 25 years and continues to serve those patients with this disease process. He is joined by a world class team of Neurosurgeons, PA’s and Nurse Practitioners offering the very best in customized patient care.
Providing both surgical and non-surgical options for the treatment of Trigeminal Neuralgia in Buffalo, New York

Dr. Lewis performs microvascular decompression for trigeminal neuralgia.

For more information or for referral please call: 716-677-6000

Drs. Moreland and Pollina perform Gamma Knife Radiosurgery procedures at the Gamma Knife Center located at Roswell Park Cancer Institute.

BUFFALONEURO.COM
**Q.** We have had several calls lately from patients diagnosed with Lyme Disease and have developed facial pain. How/why does Lyme disease develop into neuropathic facial pain?

Patients who are infected with Lyme disease, producing bacteria, can develop facial pain, which can mimic trigeminal neuralgia. However, the nature of pain will be different. There are no episodic attacks, but this may closely resemble TN2 type of pain. If this tick-borne disease is not caught in time and treated in its early stages, it might spread to other parts of the body, including the brain and cranial nerves. Some patients can have only Bell’s palsy (7th cranial nerve), and some patients may have trigeminal nerve dysfunction, resulting in severe, constant burning, and sometimes dull aching pain. Since the nerve is affected in its peripheral branches, it is more like inflamed nerve or injured nerve. These patients need to be treated with antibiotics and treated symptomatically with gabapentin, elavil and pain medications. There is no role for neurosurgical intervention like microvascular decompression.

**Q.** When a patient comes to you with facial pain how would you determine if they are a good candidate for neurosurgery?

A good candidate for neurosurgical intervention (referring to microvascular decompression) is one who has typical trigeminal neuralgia and who responded to tegretol and other anti-epileptics, who has MRI evidence of vascular compression and, of course, young patients. However, since I believe TN2 is part of the same spectrum and they do have significant relief after neurosurgical intervention, surgery should be considered. Age is not anymore a cutoff as long as they are in good medical condition.

**Q.** Does neurosurgery have anything to offer those with neuropathic facial pain that is not classic TN 1 or TN2?

There is a definite role for neurosurgical intervention in neuropathic facial pain. Even though results are not outstanding and clinical trials are in progress, various options exist to deal with this difficult to treat condition. Patients should be treated with varieties of stimulation procedures including spinal cord stimulation, motor cortex stimulation, deep brain stimulation and peripheral stimulation. Every patient has to be separately evaluated for the best procedure in their condition.

Let us hear from you; submit a question:

Ask the Doctor is a regular feature of the TNA Quarterly Magazine. If you have a question you would like to see answered, please submit it to Cindy Ezell at: cezell@tna-support.org. We will try and select questions that address a range of concerns in the face pain community.
As our first “Tic Talk” column we’re going to delve into more detail on a question raised in this issue’s “Ask the Doctor” segment concerning Lyme disease.

Lyme disease is described as a tick-borne illness, caused by the bacterium borrelia burgdorferi. Black legged/deer ticks, which feed on the blood of animals and humans, can harbor the bacteria and spread it when feeding. Once bitten by an infected deer tick, the bacteria enter your skin through the bite and eventually make their way into your bloodstream. Removing the tick as soon as possible may prevent infection. (removing the tick with tweezers is recommended)

Typical symptoms include: skin rash, fever, flu-like symptoms, fatigue, migratory joint pain and neurological problems: In some cases, inflammation of the membranes surrounding your brain (meningitis), temporary paralysis of one side of your face (Bell’s Palsy), numbness or weakness in your limbs, and impaired muscle movement may occur weeks, months or even years after an untreated infection.

Laboratory testing is helpful if used correctly and performed with validated methods. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. However, if this tick-borne disease is not caught in time and treated in its early stages, it might spread to other parts of the body, including the brain and cranial nerves.

Lyme disease has many nonspecific symptoms that often are found in other conditions, such as viral infections, various joint disorders, fibromyalgia, chronic fatigue syndrome and even depression. Sometimes, these common conditions are misdiagnosed as Lyme disease. What’s more, the ticks that transmit Lyme disease also can spread other diseases at the same time.

Some experts believe that certain people who get Lyme disease are predisposed to develop an autoimmune response that contributes to their symptoms.

If you have developed neuropathic facial pain as a result of Lyme disease, Dr. Babu recommends treatment with antibiotics, along with medications for the symptoms of neuropathic facial pain such as gabapentin, Elavil and pain medications.

Preventing tick bites is the best way to reduce the risk of tick-borne disease. Ticks are commonly found in wooded or leafy areas. If you are planning to be in these areas, The Florida Department of Health recommends taking these steps to help prevent tick bites:

- Apply repellent containing DEET
- Wear white or light colored clothing, so you can see if any ticks are crawling on your clothes, long sleeved shirts and long pants with pants leg tucked into socks
- Walk in the center of the trail
- Check your body and your child’s body, clothing and your pets for ticks
- Prevent tick infestations around your home by applying pesticide

Additional information on Lyme disease can be found on the following websites:

www.myfloridaeh.com/medicine/arboviral/tick_borne_diseases/Prevention.html
www.cdc.gov/Lyme/
www.mayoclinic.com/health/lyme-disease/DS00116
Physician-scientist

Andy Ahn aims to chart a map of how the brain is affected by trigeminal nerve pain

By Arline Phillips-Han

In seeking ways to stop trigeminal neuralgia pain, which strikes the face like bolts of lightning and stops life in its tracks, researchers have historically focused attention on the trigeminal nerve, the site of damage known to set the stage for knee-buckling pain.

But University of Florida neurologist Andrew Ahn, M.D., Ph.D., proposes to explore a different idea about the ancient disorder, identified as early as the eleventh century AD. Ahn is looking into the possible role of brain abnormalities in the recurrence of facial pain despite the best available medications and surgery.

His concept stems from the stories shared by TN patients, who report the pain comes back, often worse than before, even after procedures that result in permanent numbing of the face.

“Andy Ahn” . . . continued on page 17
NYU Langone Medical Center

Ramesh Babu MD,
Associate Professor of Clinical Neurosurgery

• Specializing in atypical facial pain
• Microvascular decompression
• Glycerol rhizotomy
• Comprehensive management of facial pain

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• #1 site on the internet for TN patients
• hundreds of pages of information on TN and related face pain
• discussion boards and chat rooms

Spring 2012
Why TN pain disappears for months or years, but suddenly breaks through and keeps returning, even in patients who no longer have a functioning trigeminal nerve, is the big question he aims to answer. He is set to begin his research, supported by a $50,000 start-up grant from the non-profit national Facial Pain Research Foundation, a division of TNA-The Facial Pain Association. Former TN patient Tom Wasdin and his wife, Susie, of Cocoa, Fl., recently presented the Foundation’s $50,000 check to Ahn at the UF College of Medicine where he is an assistant professor of neurology. The Wasdins previously established a $120,000 matching fund to support projects of the Facial Pain Research Foundation.

“This new grant is part of The Facial Pain Research Foundation’s visionary plan to find cures for trigeminal neuralgia and other nerve-related pain disorders by the year 2020,” said Michael Pasternak, Ph.D., a charter trustee of the Foundation and former president of its parent association.

“The stubborn progression of facial pain experienced by many patients with trigeminal neuralgia suggests that the condition may also involve an abnormality in the brain,” Ahn said. “Other indications of this come from several recent studies, which have shown that different chronic pain conditions produce unique alterations in brain structure. These changes, in turn, can alter how the brain regulates the experience of pain.”

Ahn will initially obtain new evidence by gathering preliminary data from a small number of patients at various stages of trigeminal neuralgia at the UF-Shands neurology clinic. These early studies will set the stage for a larger, more definitive study designed to chart a “brain map” of the progression of trigeminal neuralgia. The hope is that this map can be used to design future therapies whose goal is to prevent the relentless progression of piercing, debilitating facial pain.

To reach that goal, he and his colleagues will study brain activity with the use of functional magnetic resonance imaging (fMRI) combined with conventional electroencephalography (EEG), which measures brainwave activity. They also will use new approaches to evaluate the timing and rhythm of the pains that strike the face—an aspect never before studied.

Ahn has ready access to research-dedicated brain-imaging equipment at UF’s McKnight Brain Institute, and the expertise of the University’s pain research community, including faculty in the colleges of Medicine, Dentistry and Engineering. He notes that by using the new funds to train postdoctoral fellows, young career scientists and lab technicians, the benefits of the grant will be two-fold: his team will make discoveries and sow the seed for the next generation of scientists to work in the area of neuropathic facial pain.

“Private support and leadership such as from The Facial Pain Research Foundation is absolutely essential to setting the scientific agenda in our society,” Ahn said. “The National Institutes of Health, which until quite recently led in setting those priorities, has experienced crushing, demoralizing financial pressures that have severely limited its ability to lead the research enterprise. At present levels, pain research has a minuscule place at that table, in comparison to the numbers of people affected and the cost to our society.

“The NIH still has the deepest pockets and still has the ability to move mountains,” he added, “but it is now up to patients and leaders, such as the Wasdins and Pasternak, to inspire scientists and to show Congress where to dig.”

Ahn, who earned his M.D. and Ph.D. degrees at Harvard and received further training in neurology and pain research at the University of California San Francisco, has an academic background that prepares him to serve as a bridge between clinical problems and scientific answers. He has focused his career in neuroscience for more than 20 years, and on the treatment and study of pain for over a decade. He collaborates with pain researchers both in the United States and abroad. At UF, in addition to his primary faculty appointment in neurology, he holds joint appointments in the departments of neuroscience, psychiatry and anesthesiology.

To follow the progress of Ahn’s research and that of other scientific studies supported by The Facial Pain Research Foundation, visit this Web site: www.facingfacialpain.org.

To follow the progress of Ahn’s research and that of other scientific studies supported by The Facial Pain Research Foundation, visit this Web site: www.facingfacialpain.org.
Face Pain Patients:  
Help us learn the real cost of this disease.

If you are a face pain patient, please go to www.fpa-support.org and click on the **Patient Registry** link at the top on the page to complete the Patient Registry Questionnaire.  

This simple action will take only minutes of your time, but will help us gather **definitive data** to measure the effectiveness and cost of various treatment modalities.  

**By providing your answers, you can help us to empower patients and educate policymakers.**  
It is crucial to gather data so that we can play an important role as an advocate for facial pain issues, and **win the battle** against neuropathic face pain.  

Your information will be stored securely, and you can save a questionnaire in progress. Return as many times as you need to, to finish and update answers.  

**Complete the TNA Patient Registry Questionnaire today and take an active role in the battle against trigeminal neuralgia and related face pain conditions.**
The TNA Facial Pain Network: One Year Old and, Growing Everyday

The free online facial pain support community for face pain patients, caregivers, and loved ones turns one year old.

Whether you’ve just been diagnosed or are finally pain free, our growing, international, multilingual facial pain community provides online support when you need it.

FPN member feature: Meet Jackie in Idaho

“I have met a group of people who are facing the same challenges, have had the same procedures and understand my daily frustrations.

The Facial Pain Network has allowed me to connect with other people who are in situations similar to mine in a way that no other site has ever done.

I was diagnosed with TN in 2001. Following several unsuccessful procedures, I developed bilateral TN and glossopharyngeal neuralgia along with AD on the left side. I did find some information on the internet about this condition, but I didn’t find any websites where patients were corresponding with each other. With the creation of the Facial Pain Network, I have met a group of people who are facing the same challenges, have had the same procedures and understand my daily frustrations in a way that someone who isn’t living with this illness could never do.

I consider FPN a lifeline to my online friends and am very grateful to be able to connect with them on a daily basis. Alone and afraid, at home, we believe we are treading on a path of uncertainty and when we reach out to each other, someone else usually has experience in the area where we are going. It lifts my spirits to know that others are with me in this journey and we offer each other a unique support system that is only possible because we all share our personal knowledge of this illness.

For all of my friends at FPN, I am very grateful. I would be at a total loss without them.

I also believe that as a face pain patient for eleven years, I have some knowledge that might help others. I think it’s very important for those of us who have that experience to share it with new members so that they might not feel so alone or isolated. I remember when I was initially diagnosed and I felt completely isolated and ignorant of how to treat this. I was absolutely devastated that I couldn’t find enough information and that what I could find, appeared to be written by “professionals”, such as doctors and surgeons. I really wanted to talk to someone else who had this illness, but I wasn’t able to connect with anyone else. With the creation of Facial Pain Network, information and correspondence is instant. It’s an incredibly important tool for those of us who want to share our education and experience.

Thank you to those who had a hand in creating the Facial Pain Network. It’s such an important part of my life now, I would be devastated if it wasn’t available."

Jackie M is in Boise, Idaho. You can learn more about her on Facial Pain Network at www.fpa-support.ning.com
FPN Photo Contest Feature: What Inspires You?

We asked our Facial Pain Network members to send us photos of what lifts their spirits on their bad days. This photo was our winner with the most votes!

“My dog Luna inspires me every day!! I could have gotten a low energy dog that didn’t push me to fight through my pain but I didn’t. I got a vibrant lively dog that wants to be outside and active. So everyday I look at her adorable face and know that there is a beautiful reason to go out and enjoy life. She pushes me when I have pain, she comforts me when I can’t make it go away, and she is my absolute best friend on earth. I couldn’t ask for greater inspiration to take care of myself than her adorable face each and every morning when she wakes me up with a kiss :).”

Some Key Features on FPN:

Search:
Everything is searchable! All the content on FPN is searchable once you become a member. Search for specific symptoms, medications and more to see what other members are saying about it!

Forum:
Our discussion forums offer an excellent place to post questions and research member experiences with surgeries, medications, workplace issues and all aspects of living with a neuropathic face pain condition.

Welcome! Please introduce yourself!
New members start here by introducing themselves and providing short histories on their diagnosis, or any challenges they might be facing right now.

Tips to Relieve Facial Pain
Members post their helpful tips here. Since there’s not one thing that works for everyone, this is a good place to find ideas for relief that have not been tried yet.

Ask a Question about Facial Pain
Neuropathic facial pain is difficult to diagnose, treat and understand. You probably have a dozen questions. Ask! You will receive an easy-to-understand answer, and learn more than you imagined from other questions and answers.

More forum topics:
Questions about Medications or Non-Surgical Medical Treatments
Questions about Surgeries
General Discussions about Facial Pain

Blogs
Start your own blog about your personal journey, or follow along with other members on theirs. A blog post is a great way to share your personal stories and experiences and get feedback from our members.

Chat
Not able to talk on the phone? You can initiate an online chat with a member who’s signed in at the same time as you! Our members reside all over the world, so there’s usually someone online any time of day.

Groups
Many groups have formed for people of similar interests, location, age or diagnosis. Groups are a way to share with a group of members who have something specific in common with you.

Videos & Photos
Watch educational videos posted by TNA and other members. See surgery photos, or just inspiration to lighten your day.

Facial Pain Network Now Has Over 1,400 Members.

Thank you for helping us grow the Facial Pain Network into a thriving community in just one year! If you’re not already on it, please join us today!
“Once, we were the only ‘port in the storm’ for providing basic navigation to people stricken by the shocking facial pain of trigeminal neuralgia,” says Claire Patterson, founder of the Trigeminal Neuralgia Association that has since been renamed TNA-The Facial Pain Association.

Patterson refers to the Association’s formative years in the early 1990s when the “port” was her home overlooking a lagoon in the seaside borough of Barnegat Light, N.J. Like the keepers of the historic lighthouse guarding the coastline at Barnegat Inlet, Patterson was a beacon of guidance for people struggling to find an accurate definition of the mysterious hit-and-run pain. She seemed always ready for the calls that came from people in pain, who had no inkling that her office was her kitchen counter, equipped with telephone and fax machine.

At this early point in the Association’s history, trigeminal neuralgia had no public recognition and scant description in medical literature or popular press. Typically, a person stricken by TN pain had to search for years to obtain an accurate diagnosis and find knowledgeable experts to treat the disease. Against that backdrop, the Association evolved dramatically as Patterson worked her way through the process of incorporation in the State of New Jersey in 1990, succeeded in obtaining IRS 501 (c)3 nonprofit tax-exempt status in 1991, and enlisted other volunteers in seeking private funding.

Today, TNA-FPA uses high-tech communications to reach patients and health professionals worldwide.

“Claire Patterson” . . .continued on page 22
More than a decade ago, the Center for Cranial Nerve Disorders at Allegheny General Hospital was making history with leading-edge surgical treatments for trigeminal neuralgia. Today, that legacy continues at AGH’s Neuroscience Institute. Neurosurgical innovator Dr. Peter Jannetta continues to make key contributions to the Institute while neurosurgeons Dr. Khaled Aziz and Dr. Jack Wilberger provide the best care for patients with cranial nerve dysfunction. Staffed by experienced physicians, nurses and neurointensivists with access to a new intensive care unit at a world-renowned academic institution, the Neuroscience Institute is still leading the way to improve outcomes for the patients of western Pennsylvania.

To find a physician at the Center for Cranial Nerve Disorders, call 412.DOCTORS (362.8677).
and is a leading resource for the education, counseling and support of facial pain patients, as well as for frequent dialogue between patients and the health professionals who treat them. Scientific research—a third dimension of service—is supported by gifts and grants channeled through its new division, The Facial Pain Research Foundation, whose ambition is to find cures for TN and other neuropathic facial pain by the year 2020.

The Association began with an address list of 75 individuals; it now has a mailing list of 35,000 and an international Patient Registry containing over 2,000 patient records. The national office provides personal assistance to facial pain patients and their families through 50 support groups, and fields e-mail requests from people of all ages throughout the world. Sister organizations in the United Kingdom, Canada, Australia and Western Australia reach thousands through their own educational programs and patient support groups.

Patterson, backed by the first Board of Directors and Medical Advisory Board, laid a foundation for that growth. During her 13 years at the helm, the first printed patient education materials were developed, including a newsletter, TNALERT, and a booklet, TN: A Primer for Physicians and Patients, published in English and Spanish, later translated into Russian for distribution to physicians in Russia. Doors were opened for research through TNA exhibits at neuroscience meetings and increased interaction between the leadership of TNA and pain researchers at the National Institutes of Health (NIH).

Among high points of TNA expansion, Patterson cites a special event in September 1999 when several pain-related institutes and offices of the NIH sponsored the first scientific conference on trigeminal neuralgia, and developed a priority list of topics for future research. As an outcome of this meeting, the NIH allocated $10.2 million in grants between 2003 and 2007 for research into the causes, molecular mechanisms and effective treatment of TN and other persistent craniofacial pain disorders.

In July 2003, the national office was relocated from Barnegat Light to Gainesville, FL. Patterson stepped down as president and served on the Board of Directors for two years while also serving as Director of Institutional Relations and Research. When she retired in January 2005, the Board appointed her Honorary Founder/President Emeritus.

While she celebrates the milestones of the Association’s growth, she faces a happy milestone of her own a few months from now. The date of Dec. 1, 2012 will mark her 25th year of freedom from trigeminal neuralgia pain that had brutally disrupted her life for a decade. The entire left side of her face was stricken by intense, repetitive pain, which gradually destroyed her abilities to eat, talk or brush her teeth. She endured a succession of medication failures before she heard about Neurosurgeon Peter Jannetta, M.D. and the microvascular decompression (MVD) surgery he had developed at Allegheny General Hospital in Pittsburgh. She traveled to Pittsburgh to undergo the operation.

Not long after the surgery, Patterson asked Dr. Jannetta why wasn’t there an organization to assist patients with TN? He replied by asking her pointblank, “Why don’t you start one?”

“On the way home from the hospital, my husband, Buck, encouraged me to go for it, and later our daughter
provided amazing encouragement at a time when she was undergoing treatment for breast cancer,” she recalls. “There were days when I wondered whether the organization would survive.”

Publicity was needed, and it finally came in 1992 when The New York Times ran an article about TN and the new association, prompting 5,000 letters to the TNA office. Patterson scrambled and found eight volunteers from her church to help answer the letters from her kitchen table. Her phone began to ring often as people in pain called from coast to coast, many of them asking how to find medical help. One urgent call came from a woman aboard a sailboat near Fiji, whose husband was stricken by terrifying bolts of facial pain. Patterson helped her contact a TNA Medical Advisory Board member in Hawaii.

Demands for service grew, and the Association grew to meet the needs, aided by the international influence and personal contributions of Patterson’s neurosurgeon.

“Doctor Jannetta enthusiastically agreed to chair our first TNA Medical Advisory Board, and introduced us to the first funding source—the Richard King Mellon Foundation in Pittsburgh,” she recalls. “I wrote a proposal for the $35,000 Mellon grant, which enabled us to rent and furnish 100 square feet of office space and hire a part-time office assistant.”

Fast forward to 1993 when Jannetta performed MVD surgery on popular singer Norma Zimmer, known as the “Champagne Lady” on the nationally televised Lawrence Welk music show. The operation ended her initial bout with disabling TN pain. Later that year, he invited Norma and her husband, Randy Zimmer, along with the Pattersons, to a dinner in his honor at the University of Pittsburgh Medical Center. After the dinner, he asked Norma if she would serve as Honorary Director of the Association.

Zimmer took her new role seriously and for years, until her sudden death on May 10, 2011 at home in Brea, CA., she counseled and comforted other people in pain. From “Claire Patterson” . . .continued on page 24

Facing Facial Pain: Your Role in Ending the Pain

The Lemole Recovery Program – designed for those suffering with facial pain. From specific nutrition to the most beneficial exercise, the Lemoles guide the reader through a life changing plan for facing and controlling facial pain.

Get your copy today!
Available only at Barnes & Noble online: www.bn.com

Here is the story of how a new treatment for trigeminal neuralgia was born. It is a story of love and science, of life experience and theory. But most important, it is a story of hope for those who suffer with TN and other neurological face pain.

-Mehmet Oz, MD
the Welk stage, before she ended her singing career, she told TV viewers about her long bout with pain and successful treatment.

“Norma added a touch of inspiration to our organization,” Patterson said. “She spoke at several national conferences, shared her medical experience with individuals, answered questions and held moments of prayer with people in pain. She personally answered every letter received from patients, closing each letter with ‘God bless you.’ When she died, we lost our dear friend, and we lost an honorary board member who found special ways to reach out.”

Patterson says she is “really retired,” but she remains a busy advocate for people with facial pain. She volunteers time to both TNA-FPA and the American Chronic Pain Association, and serves as the ACPA Board’s liaison to the NIH. Her calendar tracks her travel to the national TNA-FPA conferences—from Cincinnati to Orlando, Pittsburg, San Diego, back to Orlando, to Portland, Dearborn and Rochester, MN, as well as to Sydney, Australia. People attending the meetings see Patterson as a “success story” and seek chances to talk with her.

Claire and Buck enjoy a busy life rooted in the borough of West Chester, Pa., 25 mile west of Philadelphia, close to their four children and nine grandchildren. They are continuing the reconstruction and decorating of their home, which was destroyed by a fire four years ago.
The following individuals joined or renewed their TNA membership

**December 2011**
- Therese Hercher
- Mariellen Esler
- John Parkinson
- Mary Stanley
- Rita Ratliff
- Nancy Schriver
- Cheryl Thoreson
- Jane Crase
- Tom Fenstermacher
- Leigh Blackman
- Katie Dym
- Linda Hochstein
- Morris Brusett
- Aimee M. Kerkemeyer
- Mindy Turbov
- Jean Raymond
- Lindsey Newbern
- Lisa Coffman
- William Baker
- Frank Rockwell
- Lynn Sallee
- Roberta Blumenshine

**January 2012**
- Diane McDonald
- Donald Tuffner
- Penny Rudd
- George Henderson
- Edmond Kiely
- Conrad Kerwath
- Carol Bucey
- Lisa King
- Vince Holtmann
- Judith Brown
- Patricis Shoyinka
- Cynthia Bennett
- Alice Paxton
- Gabriele Sheppard
- Jessica Brooks
- Lili Sachar
- Hilary Hardin
- Terri Neuner
- Pamela Elliott
- James Haugen
- Marie Kearns
- Larry Arbeitman
- Sharon Raphael
- Ronald Timinski
- Nancy Davidson
- Nancy Nash
- R L Blackshere
- Amy Louie
- Robert Ashman
- Deborah McCormick
- Elizabeth Nebesky
- Karen Vinciguerra McCarthy
- Kay Grim
- Maria Miller
- Diane Simon
- Francis Guerin
- Dennis Dore
- Elizabeth Gale

**February 2012**
- Denise Doucette
- Lynn Bearse
- Susanne Prine
- Mitchell Honig, DDS
- Tricia Christensen
- Janine Benedict
- Pam Kubala
- Joyce Steadham
- Gary McKee
- Virginia McGargill
- Thomas Bitner
- Judy Brown
- Carolyn Lindsay
- Mary Fazio
- Diane Logan
- Elfriede Szlachetka
- Iraida Lopez-King
- Neal Jackson
- Joan Cannelli
- Vera Wiatt

*Join, renew or purchase a gift membership for someone you love.*
www.fpa-support.org/join-us
TNA’s Memorial Tribute Fund

There are special people in our lives we treasure. Increasingly, TNA supporters are making gifts in honor or in memory of such people. These thoughtful gifts are acknowledged with a special letter of thanks, are tax-deductible, and support TNA’s growing initiatives on behalf of TN patients and families. We are delighted to share recent Memorial Tribute gifts received from December 2011 through March 2012:

In Memory Of:
Francis Ansbro  
Mr. & Mrs. Bill Jacob
BettyJean Arezzi  
Ja Arezzi
William Ball  
Dorothy Ball
Mary Blaylock  
Sara Derfuss
Joseph Bonfiglio  
Grace Bonfiglio
Genevieve F. Boyle  
Gerald & Janet Boyd
Valarie Ann Carr  
Brenda Verle Marshall
Andrew Cook  
James and Elizabeth Butler  
Mitch & Stacy Jordan
Patrick Corcoran  
James M. Corcoran
Beatrice Curtin  
John Curtin
Depativo Family  
Florence DePativo
Ken Dixon  
Dan & Pat Cromwell
Bessie Eledge  
Loretta Lockett
Shirley Glavich  
Doris Haropulos
Rohn David Harmer  
Rohn Harmer
Jamie Jodoin  
Helen Edmondson  
Ruth Eisen
Sally Kittross  
John Kittross
Albertine Kosick  
Connie Balen
Harriet Kravetz  
Anita Chakin  
Evelyn Convicer
Lauren & Brian Gale  
Judith Kaplan and  
Lucerne Point Fairway Club  
Myer Kravetz  
David & Shirley Winer
Mary Kromka  
Patricia Kromka
Nicki T. Kroslow  
Carol Kroslow
Pauline Linville  
Sandra Zalipski
Robert C. Miller  
Ronald Miller
Nancy Engle  
Harry & Joan Nobel
Alice Oberstar  
Darla Carolson
Margaret J. Peery  
Wilk Perry
Brita Peterson  
Neil Atlas  
Mary & Frank Boardman  
Deborah Coplin  
Half Century Club  
Mr. & Mrs. Harold Johnson  
L. Langeland  
Andrew McEvoy  
Nancy Mixter  
Jeanne Owen  
Howard & Haila Wilson  
Heather Wilson  
Holly, Andres & Matthew Sherburne
Michael Rapaccchia  
Anthony Rapaccchia
Mildred Rooth  
Roy Rooth
Werner O. Schilling  
Paula Schilling
Ernie Steele  
Roberta M. Traxinger
Viola & Peter Stevens  
Mr. & Mrs. John Daly
Henry P. Struzinski  
Margaret Prietz
Nell Vaughn  
Vickie Vaugin
Richard Lowden  
Wally Lowden
Howard Young  
Selma Bernstein  
Elaine Wallace
Bojana Zoric  
Albert Einstein High School

continued on page 28
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Registration fee includes: conference admission and materials, lunch and refreshments.

<table>
<thead>
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<th>Fee</th>
<th># of People</th>
<th>Total</th>
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TOTAL DUE ____________________________

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Check Enclosed _______ Visa _______ Mastercard _______ Amex _______ Discover _______
CC# ____________________________ Exp.Date ____________________________
Signature __________________________________________________________
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So that we will be able to prepare materials for each attendee please list the name of each person you have just registered.

________________________________________ relation to patient ________________________________
________________________________________ relation to patient ________________________________

I am a:
_____ Medical Professional  _____ Patient with classic TN
_____ Patient with other neuropathic face pain  _____ Caregiver  _____ Friend or family member

How did you hear about this conference?
_____ Our website  _____ Brochure  _____ FaceBook
_____ Email  _____ Facial Pain Network  _____ Other ____________________________

Please mail this form with your payment to:
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Gainesville, FL 32601-3248
Phone: 1-800-923-3608
Fax: 352-384-3606

Space is limited. Register early.
Memorial Tribute Fund continued from page 26

In Honor Of:
All Who Suffer with TN
Kim Algentini  
Mr. & Mrs. Ken Burnham  
Raymond McCord  
Cynthia Morton  
Young People Living with TN  
Linda Hochstein
Claude Aldridge  
Mr. & Mrs. Argubright  
Sam Briscoe  
Kelly Bergman  
Douglas Weeks  
Willis & Frances Booth  
Sarah & Pat Hogan  
Jeffrey Brown, MD  
Carol Stark  
Benjamin Carson, MD  
Jerome Sirken  
Carolyn Chisolm  
Mr. & Mrs. William Self  
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Joan Peltola  
Olive G. Olivier  
Paul Olivier  
Mary Jane Panciera  
Joan Stratton  
Claire W. Patterson  
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Albert Rhoton, Jr., MD  
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Julie Worley

Affirmation
Although the world is full of suffering, it is also full of the overcoming of it. — Helen Keller
HELP FOR PATIENTS SUFFERING FROM FACIAL PAIN

Raymond F. Sekula Jr., MD, is a foremost expert in the treatment of cranial nerve disorders, having performed more than 1,000 specialized procedures on patients suffering from facial pain. After his surgical internship and residency at Allegheny General Hospital in Pittsburgh, Dr. Sekula completed advanced training in minimally invasive surgery and a residency and fellowship with neurosurgical pioneer Dr. Peter Jannetta.

Dr. Sekula has wide-ranging experience in:

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Neurological Surgery, P.C., is a national leader in the treatment of trigeminal neuralgia and face pain. Trigeminal Neuralgia is a disease in which patients get sharp intermittent pains in their face. There are several different treatment options available for treating this disease including medication and five different surgical procedures: percutaneous rhizotomy (radiofrequency, glycerol and percutaneous balloon compression, a technique pioneered by Dr. Jeffrey A. Brown), stereotactic radiosurgery (Gamma Knife® and CyberKnife®), and craniootomy (microvascular decompression). Balloon compression, radiofrequency and glycerol rhizotomy, Gamma Knife and CyberKnife are all outpatient procedures. Any one of these procedures may be the best choice for a particular patient.

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 face pain surgery.

Dr. Brisman is Chairman of the Department of Neurosciences at Winthrop-University Hospital and Co-Medical Director of the Long Island Gamma Knife at South Nassau Communities Hospital.

Dr. Brown is Northeast Regional Director and immediate past Co-Chairman of the Medical Advisory Board of TNA-The Facial Pain Association.

Dr. Mechanic is the Chief of Neurosurgery at Huntington Hospital in Huntington, NY and the Chairman of the Nassau Surgical Society Section of Neurosurgery.

For more information about trigeminal neuralgia and face pain or to make an appointment, please call (516) 255-9031.