

Stereotactic radiosurgery for trigeminal neuralgia using the gamma knife

Understanding NICE guidance –
information for people considering the
procedure, and for the public

August 2004



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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called stereotactic radiosurgery using the gamma knife. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether stereotactic radiosurgery using the gamma knife is safe enough and works well enough for it to be used routinely for the treatment of trigeminal neuralgia.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of stereotactic radiosurgery using the gamma knife and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About stereotactic radiosurgery for trigeminal neuralgia using the gamma knife

A person with trigeminal neuralgia gets sudden bursts of nerve pain in the face. These can be brought on by touch, talking, eating or brushing the teeth. The nerve that's causing the problem is the trigeminal nerve, which is one of the main nerves controlling different areas of the face.

Trigeminal neuralgia is a rare condition – about 4 people in 100,000 get it a year. In some people, it gets better without any treatment, but usually people are started on a medicine to try to ease the pain. If medicines don't work or if they cause bad side effects, the next step is usually surgery.

The new procedure that NICE has looked at, called stereotactic radiosurgery using the gamma knife, involves aiming a beam of radiation at the place where the trigeminal nerve leaves the brain. The aim is to try to deaden the nerve.

How well it works

For this procedure, NICE undertook what is known as a 'systematic review'. This means that evidence from all available sources was looked at, whether it had been published or not. Experts' opinions may also be included in a systematic review.

What the studies said

In the studies that NICE looked at, it was found that the number of patients who had an immediate end to facial pain after the radiosurgery varied from a third (33%) up to nine out of ten patients (90%). After an average of 18 months after having the procedure, the pain had returned in an average of 14% of the patients (which is 14 in 100 patients).

Risks and possible problems

What the studies said

Looking at all the studies that were found, the most common problem was numbness in the face. This affected 139 out of 1757 patients (which is 8%). In 66 patients, the problems with the trigeminal nerve got worse. Thirty-three patients out of 1757 found that part of their face became paralysed so that they couldn't move it. Other less common problems included other loss of feeling in the face, loss of taste, numbness in the eye, and deafness.

What has NICE decided?

NICE has considered the evidence on stereotactic radiosurgery using the gamma knife. It has recommended that when doctors use it for people with trigeminal neuralgia, they should be sure that:

- the patient understands what is involved and agrees (consents) to the treatment, and
- the results of the procedure are monitored.

Other comments from NICE

The NICE guidance only covers stereotactic radiosurgery using the gamma knife. It doesn't cover other stereotactic radiation treatments.

NICE has commented that there aren't studies that have looked at what happens after a long period of time. And it has also pointed out that the pain can come back.

Finally, NICE has said that although it looks like the pain returns more often after this procedure than after other procedures for trigeminal neuralgia, different groups of patients were involved in the different studies, so it's not useful to compare these results. The pain seems to return most commonly in people with multiple sclerosis and people who have unusual symptoms (atypical neuralgia).

What the decision means for you

Your doctor may have offered you stereotactic radiosurgery using the gamma knife. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless, you should understand the benefits and risks of stereotactic radiosurgery for trigeminal neuralgia using the gamma knife before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on stereotactic radiosurgery for trigeminal neuralgia using the gamma knife is on the NICE website (www.nice.org.uk/IPG085guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0677. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on trigeminal neuralgia, a good starting point is NHS Direct (telephone 0845 4647) or NHS Direct Online (www.nhsdirect.nhs.uk).

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