



Oxford University Hospitals
NHS Foundation Trust

Facial Pain

Information for patients



Understanding pain and its impact

There are two types of pain, acute and chronic. We all experience acute pain because it is a warning sign, important for our survival. It is usually caused by an obvious infection or injury; when treated or healed, the pain goes away. However, pain does not always indicate ongoing injury or damage. When pain lasts more than three months, it is described as chronic and the original cause can often no longer be identified. Chronic pain can occur even after healing and can be present without infection or damage. Pain signals to and from the brain have not 'switched off'. Chronic pain is not a warning signal but a faulty signal.

Chronic pain

Chronic pain can occur in the mouth or face or anywhere in the body. For example headache, neck ache, back ache, abdominal pain and irritable bowel are sometimes referred to as medically unexplained pain. Chronic facial pain can occur even though the structures of the mouth, jaw and face are healthy. In chronic facial pain there is a disturbance in the transmission of pain messages. The nerves carrying the pain signals have developed a memory for transmitting pain. The nerves can become extremely sensitive and despite there being no infection or injury the 'pain signal' does not 'switch off' as it is supposed to.

The impact of pain

Pain influences not only the body but mood, thinking, everyday behaviour and life situations including:

- Sleep.
- Socialising.
- Eating.
- Speaking.
- Change in moods.
- Negative thinking.

A diagnosis of chronic facial pain

The questions we ask when we meet you help us to understand your pain and how it affects your life. We examine your mouth, face and neck and sometimes take X-rays or blood tests to check for causes of pain. Usually, as in most chronic pains, no visible cause is found. Chronic or persistent facial pain may present in one or more of the following ways:

Chronic facial pain (atypical facial pain)

This is a dull, nagging, ache or a sharp pain, affecting the cheeks, eyes and all non-muscular parts of the face. The pain may come and go, and tends to get worse with tiredness or stress. In addition there may sometimes be pain inside the mouth and in other parts of the body.

Oral Dysaesthesia (an unpleasant awareness of the mouth)

This is altered sensation in the mouth or gums or a nasty taste. You may notice a sense of increased or decreased saliva in your mouth. It may also be difficult for you to wear dentures or tolerate new fillings, crowns or bridges.

Phantom bite is an unpleasant awareness that your teeth do not meet comfortably. This does not respond to altering the bite.

Atypical Odontalgia or trigeminal neuropathic pain

This is a dull ache or severe discomfort in the teeth or in a tooth sometimes after a filling, root canal treatment or even in a tooth socket after an extraction. It may be described as a burning pain or 'pins and needles'. There is no dental cause and the pain can be made worse by further dental treatment and can move from tooth to tooth. Touching the area can make the pain worse.

What can be done for my pain?

Further dental treatment or investigations will not relieve pain. We provide you with the ability to deal with the pain yourself, with or without medication. This means that, with support, you build upon your skills to help deal with the pain and reduce the effects it has on your life.

A variety of other treatments are offered by different members of the pain team.

Information prescription

We will provide you with information about managing your chronic pain, to enable you to take control of your pain in the most effective way.

Medication

Drugs, such as paracetamol, aspirin and ibuprofen do not usually relieve chronic pain. Antidepressants or anticonvulsants are often used for chronic pain relief as they decrease the number of pain impulses reaching the brain. Using antidepressants does not mean you are depressed, although people with chronic pain can sometimes develop depression. Instead, think of the medication as 'chronic pain relievers'. For example, in the same way that aspirin relieves acute pain and thins the blood, antidepressants can be used to relieve chronic pain or depression.

Other sources of information and support

For further information please refer to books and websites, e.g. British Pain Society:

www.britishpainsociety.org

Understanding and managing pain: information for patients

Manage Your Pain: Practical and Positive Ways of Adapting to Chronic Pain

Michael Nicholas, Allan Molloy, Lois Tonkin and Lee Beeston, Souvenir Press Ltd, 2003.

ISBN-10: 0285636790

Overcoming Chronic Pain

Frances Cole, Helen Macdonald, Catherine Carus, Hazel Howden-Leach, Robinson, 2005. ISBN 1-84119-970-2

How to contact us

If you have any concerns or questions, please contact:

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Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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