



Understand the Big Picture

Neuropathic facial pain is a rare condition that is not well understood by many medical professionals. Therefore, it is not surprising that most physicians will not have a deep understanding of the full range of treatment options, whether by use of medications, surgery, or alternative therapy. Treatment may involve more than one specialty, and handoffs between physicians may not always be seamless. Consequently, it is important that patients are active participants in developing and understanding their own treatment plan in conjunction with the providers with whom they meet.

Patients are encouraged to speak with an experienced neurologist or neurosurgeon about their symptoms. These specialists use established medical guidelines (<https://ichd-3.org/13-painful-cranial-neuropathies-and-other-facial-pains/13-1-trigeminal-neuralgia/13-1-1-classical-trigeminal-neuralgia/>) to help determine the exact type of facial pain and to get to a definitive and accurate diagnosis. Because facial pain can be complex, diagnosis may require multiple visits, imaging tests such as an MRI, and trying certain medications to see how symptoms change.

See the *Path to Wellness* document developed by the Orange County Support Group with guidance from Dr. Mark Linskey: <https://content.facepain.org/wp-content/uploads/2026/04/Path-to-Wellness-OC-TNA.pdf>

Important information to consider before an appointment would be to create a pain diary that includes the following characteristics of your pain: when the pain first occurred, where it was on the face, how the pain felt (e.g., tingling, lancinating, burning, aching, etc.), its severity, its duration, and medications taken and their impact, if any. While it is important to give your treatment plan enough time to work, it is equally important to be ready to get a second opinion if the current plan is not working. By educating yourself about the different treatment options available, you will become better prepared to ask questions about your physician's proposed treatment plan and determine whether you still have confidence in it or if it is time to make a change. Chapter 1.2 of FPA's book *Facial Pain: A 21st Century Guide* addresses this in more detail.

The gold standard for care of patients with neuropathic facial pain is an individual with significant knowledge and experience diagnosing and treating these patients. This may include a multi-disciplinary team consisting of some or all of the following:

neurologist, neurosurgeon, radiologist, orofacial pain specialist, pharmacologist and/or mental health professional. Such multi-disciplinary teams have become common in Europe. While the US is moving toward that model, these collaborative teams may still be difficult to find. In the US, patients are most likely to find a multi-disciplinary approach to care in university hospital settings, particularly those with neurology and/or neurosurgical residency programs. Typically, neurosurgeons who specialize in treating neuropathic facial pain and are affiliated with community hospitals also have an informal network of specialists in the field to whom they can refer patients when surgery is not indicated.

If you are just starting out on your facial pain journey, or if your pain is responding well to your treatment plan, it may be more convenient to see a local physician. Your primary care physician is likely to recommend a neurologist first. This is an appropriate starting point, but you should bear in mind that most neurologists do not specialize in neuropathic facial pain and may not have a lot of experience in treating the condition or have a deep understanding of the treatment options available. Headache neurologists are most familiar with neuropathic facial pain, and headache group practices will typically have one or more doctors who specialize in facial pain. However, there is a shortage of neurologists with headache specialization, and it may prove difficult to get a timely appointment with such an individual or group. In this case, it is better to seek out a general practice neurologist who can start you on a treatment plan immediately rather than having to wait in pain for an appointment with a facial pain specialist.

In many cases, dentists are the first healthcare providers people see when seeking a diagnosis for facial pain. They may refer you to an orofacial pain specialist—a dental professional trained to evaluate and treat conditions affecting the face, head, and neck. These specialists manage a wide range of issues, including temporomandibular joint (TMJ) disorders, headaches, nerve-related (neuropathic) pain, and sleep disorders. Unlike general dentists, orofacial pain specialists focus on non-dental sources of pain in these regions. Recognized as a dental specialty by the American Dental Association only since 2020, orofacial pain is a relatively new field. As with headache neurologists, these specialists are highly skilled in treating nerve pain in the face but can be difficult to find.

Try to avoid your local hospital Emergency Room unless absolutely necessary as ER doctors are unlikely to be well-versed in the condition and may not come up with a correct diagnosis without your guidance. If you do find yourself in need of emergency treatment, take with you the FPA's recommended ER treatment guide, which is given in Chapter 2.2 of *Facial Pain: A 21st Century Guide* and can be downloaded at <https://content.facepain.org/wp-content/uploads/2026/01/Emergency-Room-Medication.pdf>.