

An **END** to the **AGONY**

MERCY DOCTOR RELIEVES WOMAN OF CHRONIC PAIN CONDITION

For two months, Julie Kavetschanky could do little else but hole herself up in the back room of her house, literally banging into the walls and clawing at them. The pain she was experiencing was so intense she could think about nothing else.

“It started the day after Halloween 2012,” says the Janesville woman, shuddering at the memory. “My face felt terrible. It felt like a bad toothache.”

Julie saw dentists and doctors, but none of them could help her. They prescribed pain relievers and gave her steroid injections, all to no avail. Finally, a doctor at Mercy Pain Center referred her to Christopher D. Sturm, MD, FAANS, FACS, neurosurgeon at Mercy Health System. Dr. Sturm gave

Julie exactly what she needed; the brain surgery he performed took away her pain and allowed her to live a normal life again.

“NO RELIEF”

There is a good reason why Julie’s condition — called trigeminal neuralgia (TN) — is referred to as the “suicide disease”: in some cases, patients experience so much pain for so long, they see no other option but to take their own life. “Trigeminal neuralgia is a fairly common disease, but it can sometimes take a long time to find a correct diagnosis,” says Sturm.

Like Julie, most TN sufferers start seeking answers at their dentist’s office. Because the pain radiates across their face and jaw, they assume it is a dental problem. Some may undergo many painful dental



For more than two months, Julie Kavetschanky felt like a character in a novel as she clawed at the walls in her bedroom, screaming in agony.



Christopher D. Sturm, MD, FAANS, FACS, neurosurgeon at Mercy Health System, says trigeminal neuralgia is fairly common, but difficult to diagnose.

procedures such as root canals or tooth extractions before realizing they need to see someone else.

Here's why the dental procedures don't work: TN is a chronic pain condition that affects the trigeminal nerve, which carries sensation from the face to the brain. So it is a nerve — not a dental — problem that is causing the pain. A

neurologist or neurosurgeon is best equipped to treat the condition.

Julie, 54, wishes she had known the right specialist to see at the beginning of her ordeal. She had been diagnosed with both TN and a temporalmandibular joint (TMJ) disorder in her jaw in 2009, but never experienced severe problems until late in 2012. "As the days went on,

there was just no relief," she says. "This pain was starting to be more severe and consistent. It felt like my face was being electrocuted — it lasted for hours and rested on the right part of my upper lip. I was so focused on the pain that it became my life. I never knew when it was going to hit or how long it was going to last."

She had to take a leave of absence from her job at a deli counter. She spent most of her days lying down, and had to eat through a straw because she couldn't chew. Talking was difficult, so she used a Magnadoodle to communicate with her fiancé.

According to Dr. Sturm, 70 percent of TN patients are able to find relief through oral medications or injections. "In the world of pain, you want to see if you can control symptoms in the least invasive manner possible," says Sturm.

By the time Julie saw Dr. Sturm in January 2013, however, it was clear that she had progressed well beyond the point of non-surgical interventions. It was time to take more aggressive measures.

A MIRACLE SURGERY

On January 16, 2013, Dr. Sturm performed microvascular decompression brain surgery on Julie. First, he made a small incision behind her ear, then



drilled a hole in her skull. Next, he used a microscope and surgical instruments to find the trigeminal nerve as it came out of the brain stem and relieve the compression on the nerve.

“Julie had both a vein and an artery compressing her trigeminal nerve, which meant there was a lot of pressure causing a lot of problems,” says Dr. Sturm. “In order to relieve the pressure, I gently removed the vein and artery from the nerve and placed a pad between the vessels and the nerve.”

Doctors don’t know exactly what causes TN. It can be a problem on its own, or it can be related to multiple sclerosis or

another condition that damages the myelin sheath containing the trigeminal nerve. They have found, however, that for most of the people who need surgical intervention, relieving the pressure on the nerve can also relieve the pain.

It certainly worked for Julie. “The minute I opened my eyes, there was no pain,” she says. “It was unbelievable. It was like I had never been through that horrible time.”

Though Julie currently experiences no pain, she is not out of the woods. There is no cure for TN, so there is a possibility she may again need decompression of her trigeminal nerve



in the future. But for the time being, Julie is grateful she found the right person at the right time to help her.

“Dr. Sturm knew right away how to solve my problem,” she says, “and he gave me my life back.”

For more information on surgical options for trigeminal neuralgia, call (608) 756-6826.

