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CEO Update: Our Strategy Includes Investments in You

by [Richard Martuscelli](#) · October 16, 2017

Hi everyone. Fall is here, and the leaves are beginning to change. What isn't changing is the exceptional work you are doing to heal, comfort and care for our community. Thank you for your tremendous dedication and commitment. In return, know that LVHN is here to support you as our health network evolves and responds to our changing health care environment.

If you follow the news, you may have read about the mergers taking place within the health care industry regionally and nationally. As a result, you may be wondering what we're doing to build our health network in the region. First of all, know that our organization is strong. Furthermore, we have a strategic plan in place to make our health network even stronger.

As part of our strategy, we created a "Drivable Super Regional Health Network" through our mergers. All of the quality services we provide at LVHN are conveniently accessible within driving distance. And despite the mergers taking place around us locally, you can be assured we remain committed to the needs of the communities we already serve. We will continue to grow in our region and provide the services people need close to where they live.

Through all this change, what matters most is you. That is why we're also making investments in you so you can be at your best for our patients and their families.

We'll talk more about how we're investing in you during my State of the Health Network Address, which has been rescheduled for Nov. 16.

Our investments include a sharp focus on new wellness programs to help you be at your best, and new opportunities for professional and personal development. They also include opportunities for you to provide feedback at Town Halls and huddles, and through Colleague Surveys. We want to listen to you, learn about your needs and respond so that – together – we can make LVHN even better.

It all fits together. When we care for you, you can be at your best to care for our patients and their families. After all, that's why you chose a career in health care: To always serve and care for the people of our community.

At LVHN, we care for our community with PRIDE. Soon, you'll be hearing about our renewed focus on our PRIDE behaviors. If we all promise to practice our PRIDE behaviors, we will successfully build and



maintain strong relationships with patients and each other.

That's how we'll make our health network even stronger and further our mission. I believe in you, and I thank you for everything you do to make LVHN strong. I'll talk with you next month.

Leadership Rounds With Colleagues Scheduled Oct. 16-27

by [Jane Danish](#) · October 16, 2017

LVH–Hazleton senior leaders are continuing rounds to visit with colleagues in the nursing and ancillary

departments. Do you have a question, comment or suggestion? Take note of when rounds will be in your area and feel free to stop one of our leaders to talk about it. Together, we can make a difference for our colleagues and our patients.

**LEADERSHIP ROUNDS-ANCILLARY
OCT. 16-20**

LOCATION/DEPARTMENTS	DATE AND TIME	LEADER
<u>Hospital-Lower Level</u> Purchasing/Storeroom, Central /Sterile Supply, Food Service, Housekeeping, Pharmacy	Oct. 19 at 7:30 a.m.	Michele Roberts
<u>Hospital-First Floor</u> Admissions, switchboard, PAT/SPU, Endo, OR, Radiology	Oct. 18 at 1 p.m.	Tony Valente, MD
<u>Hospital 3rd, 4th and 5th floors</u> Respiratory Therapy, PT, Cardiology, 5 th floor nursing unit	Oct. 19 at 1 p.m.	Murray Swim
<u>Hospital Annex</u> Lab, Quality Management, Medical Records	Oct. 17 at 10 a.m.	Melissa Curto
<u>Healthy Beginnings</u> <u>Health & Wellness Center</u> Fitness, Rehab, Occ Health, Lab, Cardiac Diagnostics, Radiology, Patient Access, Café, Welcome Desk.	Oct. 16 at 9-11 a.m.	John Fletcher
<u>Hospital Campus Buildings</u> B&E: Marketing, Community Relations, Bariatrics, Patient Access, Home Health, Finance ETC: Human Resources Plant Operations	Oct. 16 at 1 p.m.	Michael Golden

**LEADERSHIP ROUNDS-NURSING
OCT. 23-27**

LOCATION/DEPARTMENTS	DATE AND TIME	LEADER
Emergency Department	Oct. 24 at 3 p.m.	Michael Golden
2 nd Floor Nursing Unit	Oct. 24 at 4 p.m.	Melissa Curto
3 rd Floor Nursing Unit	Oct. 24 at 10 a.m.	John Fletcher
5 th Floor Nursing Unit	Oct. 24 at 6:30 a.m.	Murray Swim
6 th Floor Nursing Unit	Oct. 26 at 6 a.m.	Tony Valente, MD
7 th Floor Nursing Unit	Oct. 25 at 6 a.m.	Michele Roberts

The Kindness Project

by [hazlvhndaily](#) · October 20, 2017

Last week on LVHN Daily, two blogs focused on the subject of colleague bullying. It's a topic that has been on my mind all week, and yours too, based on the continued stream of emails on the subject.

Because my message last week was primarily directed toward nursing/patient care, I want to go a step further. Demeaning behavior or mistreatment of any person – colleague, patient, family member, classmate, neighbor, etc., etc. – is unacceptable. Awareness of our own tendencies toward incivility is the starting point. But it has to continue from there with action and self-checking to ensure the people we encounter at work, home, in parking lots or grocery stores see and experience the better side of us. We are, after all, human too.



Your feedback about bullying

I have read many very thoughtful emails from you about bullying. One of the common threads was to make sure we (collectively) take an honest look at ourselves and make sure each of our practices, hospitals, offices and health centers are places all feel welcome.

Here are some additional thoughts from your LVHN colleagues that struck a chord with me:

- “I am one of the seasoned nurses and feel an extra sense of protection for the newer nurses that I encounter on nights. We can always do better!”
- “It is only in a respectful and inclusive workplace that colleagues can perform at their best and provide the best possible care for patients and families.”
- “I’ve been in the network a long time, and you are right. This is not, ‘Who we Are.’ Our culture has always been P.R.I.D.E. behaviors. We have gotten so far removed from that, I can almost bet most people don’t know what it means anymore.”
- “NOBODY should be bullied at work! No employee on any level should have to tolerate this behavior against them!”
- “I hope our workplace will become a more cohesive and team building workplace.”

How do we tackle this?

As colleagues – whether in patient care or in administrative or other supporting roles – I am humbled by the call for action to make LVHN a better place for all of us. In my opinion, change begins with self-reflection. Think about this:

- Do I gossip?
- Do I intentionally leave someone out of our work clique?
- If someone doesn't want to join us at lunch or other activities, do I feel insulted and dislike that person?
- Do I harass someone (verbally, physically or emotionally)?
- Do I yell at colleagues or speak harshly to patients?
- Do I apologize and then repeat a demeaning or cruel behavior?
- Do I create a negative work environment?

If you identify with one or more of these behaviors, it's time to change.

If you are subject to someone behaving this way toward you, it's time to speak up.

Last week on LVHN Daily, Lynn Turner, Senior Vice President and Chief Human Resources Officer, provided excellent advice about confronting this type of behavior and the resources right here that can help. I encourage anyone who is struggling with this (victim or perpetrator) to please read Lynn's blog: [I Hear You: Bullying Has No Place at LVHN](#).

Next step: Kindness

Among the emails about bullying, I received an intriguing note from an LVHN nurse who brings decades of care to our patients. In her note, she shared insights about, "The Gathering of Kindness," a conference she is attending (at her own cost) to learn more about how Australian hospitals have focused on "kindness" to reshape health care culture.

In her note she said, "Perhaps using the word 'kindness' more often rather than 'bullying' may instill some compassion in the more senior staff. In my humble opinion, this is not just a nursing problem, every department has dealt with bullying or rather, lack of kindness, issues."

I decided to learn more about the Gathering of Kindness, and read a blog by physician, *Catherine Crock, AM, with Royal Children's Hospital in Melbourne*. Her thoughts about kindness sum up what I would like to see our culture fully evolve to:

- "Kindness does three vital things. Kindness makes best use of your team – if you are kind to those

around you, then they will be there to provide support and assistance and kind behaviors in return. Kindness brings the safest environment – by fostering a culture where people aren't afraid to speak up, mistakes or risks can be dealt with openly, and before they have consequences. Lastly, kindness creates unexpected wonderful moments of joy.”

I thank you all for contemplating and seriously addressing the need for more kindness in our workplace (and everywhere). So many of you are already there – you do it every day! Keep showing your kindness in action because it is a gift that has abundant returns: more satisfaction at work, less colleague turnover, safer environment for our patients. These are the pillars we want to build our culture upon. With a foundation of kindness and respect, let's see how far we can go.

Kim

P.S.: My email is always available to you, so do not hesitate to share your thoughts on this topic (or other nursing/patient care/colleague retention/positivity topics) with me: Marie.Jordan@lvhn.org.



Kim Jordan

About me: My name is Kim Jordan, DNP, RN, and I am Senior Vice President and Chief Nursing Officer at LVHN. I came to LVHN 15 years ago as director of the open-heart and transitional open-heart units. I consider it an honor and a privilege to lead our outstanding nursing colleagues.

Are You Following the Updated LVHN Solicitation Policy?

by [Ted Williams](#) · October 20, 2017

Being in health care, you're going to find many LVHN colleagues who are more than willing to help someone in need. While it's certainly admirable to show support for a good cause, it's wise to discuss it with your human resources (HR) consultant first to make sure what your planning fits within the guidelines of the updated LVHN solicitation policy.

The purpose of the policy is not to discourage anyone's good intentions, but rather to prevent unnecessary disruption of a colleague's daily work and manage the frequency of the requests of a colleague to contribute to a cause. LVHN continues to be committed to supporting causes that benefit our community. These causes are outlined in the solicitation policy.

"Primarily, we've become lax with enforcing the policy," says Jane Leary, HR's Director of Colleague Relations. "We think many colleagues don't realize there may be a problem. Some aren't even aware there is a policy. We just want to make sure everyone knows what's acceptable and what isn't. Please reach out to your human resources consultant to confirm that your good intent is consistent with the solicitation policy."

All colleagues are invited to [review the complete updated Solicitation and Access Policy](#). Here are some of the key points:



- Solicitation and distribution of literature are not permitted when either the colleague seeking patronage for a cause or the colleague being approached is on working time engaged in his or her job duties. Please note working time does not include meal times, break times or other periods when the colleague isn't engaged in work functions.
- Also, solicitation and literature distribution are not permitted in direct working areas, and LVHN communication tools, such as LVHN email, can't be used to advertise causes. Please note lounges, break rooms, lobbies, parking lots and locker rooms are not considered working areas. Cafeterias and gift shops generally are not considered working areas, except in regard to colleagues working at those locations.

Solicitation includes but is not limited to:

- Raffles

- **Charity drives**
- **Cosmetics, jewelry, food and houseware sales**
- **Sponsorship requests**
- **School or club fundraising activities**
- **Ticket sales**
- **Catalog or online sales**
- **Commercial or personal business sales**
- **Bake sales or external food vendors**
- **Drives to benefit specific individuals or colleagues (excluding paid time off donations)**
- **Use of LVHN electronic resources**

The exceptions to the policy are charitable and community activities supported or sponsored by LVHN, or related to LVHN services. They include:

- **United Way Employee Campaign**
- **LVHN Via Marathon**
- **American Heart Association Heart Walk**
- **March of Dimes/March for Babies**
- **Lymphoma and Leukemia Society**
- **LVHN foundations**
- **LVHN auxiliaries**
- **Blood drives**
- **Employee Benefit Fairs and activities related to employee benefit programs**
- **Employee discounts which specifically benefit LVHN colleagues**

I Hear You: Bullying has No Place at LVHN.

by [Lynn Turner](#) · October 12, 2017

My name is Lynn Turner, Senior Vice President and Chief

Human Resources Officer. I am launching my new blog today because LVHN cares about you and your experience working here. My goal is to use this forum to support you, listen to you, address your concerns and inform you about resources that can enhance your life at LVHN.

We're going to talk about the good days, the great days and the challenging days. Today has been a challenging day. I've heard your concerns about a bullying incident that was made public on social media. Colleagues are concerned this incident doesn't reflect the culture we've created here at LVHN. I'm concerned too.



It's important for you to know that we have a zero tolerance policy for bullying and harassing behavior. At LVHN, we aim to create a safe and welcoming environment for our patients, colleagues and community members. We take any situation that violates these policies very seriously, and we investigate and address them in a timely and appropriate manner.

If you're having a relationship problem with another colleague, here are some things you can do:

- **Alert your manager, supervisor or human resources employee representative.** Make a formal complaint with your department or unit leadership or reach out to Human Resources for assistance. We will support you.
- **Stand up to the harasser.** Be assertive and professional. Tell your colleague the action or remark is unacceptable and must stop.
- **Make an appointment with Preferred EAP.** A professional counselor at Preferred EAP can provide coaching to help you deal with personal or professional challenges.
- **Take advantage of LVHN's professional development opportunities.** Sign up for our new professional development classes happening [this fall](#). Registering for our free [Crucial Conversations](#) classes and Lateral Violence program can help you develop the skills to deal with bullying and harassing behaviors.

Compassion and respect

Working in health care is both rewarding and challenging. We have good days and tough ones. But even when our challenges are great, we need to support each other, respect differences, and treat each other with

compassion and dignity. That's the LVHN culture.

Working with people from different backgrounds, skills and life experience is an opportunity to grow. When we mentor those who are struggling, we create a stronger health network that has the emotional, physical and professional capacity to heal, comfort and care for our community.

Living by PRIDE

LVHN is an exceptional organization for many reasons. We live by the principals of PRIDE (privacy, respect, involvement, dignity and empathy). I promise to treat all of you with PRIDE and LVHN expects the same from each and every one of our more than 17,000 colleagues.

I love working for LVHN and spending my days making this health network a great place to work. I hope you will follow my blog and share the issues most important to you. At LVHN, we call each other colleagues for a reason. All of us play a valuable role in the care experience. When we work together and treat each other with PRIDE, we can accomplish anything.



A handwritten signature in blue ink that reads "Lynn Turner".

About me: My name is Lynn Turner, Senior Vice President and Chief Human Resources Officer. In this blog, I will write about the issues important to you, share information about our policies and how LVHN works to support you. In return, I hope you will feel comfortable asking questions and sharing your concerns.

Community Education: Opioid Crisis in Our Community

by [Jane Danish](#) · October 20, 2017

The Mountain Top Rotary Club is sponsoring a free education program, Opioid Crisis in our Community, on Oct. 26 from 7 to 9 p.m. at the Crestwood Secondary Campus in Mountain Top.

Guest speakers are Kevin McNeil, MD, Lehigh Valley Physician Group Family Practice, and Robert Cannon, DO, LVHN Department of Emergency Medicine, Section of Medical Toxicology. Staff from Wyoming Valley Alcohol and Drug Services and the Pa. Department of Health will be available to provide information on opioids and available prevention and treatment resources.

No registration is required.



TigerText – LVHN's New Secure Messaging System

by [Ted Williams](#) · October 3, 2017

Clinicians often need to communicate with a colleague about a patient. How often does this happen?

- The colleague is on rounds or in the operating room and cannot be disturbed.
- The clinician phones and waits for the colleague to call back but is tied up when the callback comes.
- The clinician sends an alpha page asking the colleague to call but runs into the same callback issues.
- The clinician considers sending a quick text but realizes standard texting applications aren’t secure and aren’t to be used to transfer patient information.



Such headaches are commonplace and time-consuming. That is why LVHN has taken steps to address the problem with [LVHN Secure Messaging](#), a cellphone, web and desktop app called TigerText that’s being used in hospitals across the country. It permits secure exchanges of patient information and other sensitive communications, including photos and video if necessary, in a moment’s notice. LVHN also is working with TigerText on the implementation of role-based functionality, which is the ability to assign a provider to a role, allowing a user to text based on a role rather than needing to know who is on call.

“It’s very similar to the texting feature in your cellphone with some significant enhancements,” says LVHN Chief Information Officer Donald Levick, MD. “It is a much more convenient, efficient way to securely exchange information versus picking up a phone to page someone, then having to wait until that person responds.” In addition to the mobile app, TigerText also offers web and desktop versions.

Levick’s team, the information services (I/S) department and various clinicians, began testing the TigerText app in December and have been rolling it out to providers and other departments over the last six months. While the primary target was clinical departments for the secure exchange of medical information, it’s also proven to be a valuable tool among non-clinical departments that have the need for immediate confidential communications. TigerText is available to LVHN colleagues on all campuses who receive supervisor

approval, and implementation is ongoing.

“We are working to define pilot programs to our nursing staff at this point,” Levick says. “When the role-based functionality enhancement is complete, we will begin to pilot hospital-issued mobile devices for our nursing staff.”

As cellular coverage has been an issue in some LVHN facilities and in some specific areas, colleagues always have the opportunity to access the Wi-Fi portion of LVHN’s Guest Network. Visit the secure messaging page for [Wi-Fi details](#).

Initially, TigerText went live on Dec. 27, 2016, being deployed to 530 “early introduction customers” – LVH–Cedar Crest physicians and residents. TigerText was deployed to the entire medical staff in January and more recently has been made available network-wide. To date, more than 3,500 colleagues utilize TigerText and the expectation is the system will soon become a crucial element in LVHN communications. Already, more messages are being exchanged through TigerText than through health network pagers. You can [register for TigerText](#) today.

“Pagers have become outdated, and TigerText will likely be replacing them network-wide except for some specific uses, such as code pagers,” he says. “We still have some things to work out, but I’m sure this will prove to be an invaluable tool in the near future.”

Have a Clinical Question? DynaMed Plus is Now Available!

by [hazlvhndaily](#) · October 11, 2017

LVHN Library Services now has made available *DynaMed Plus*® through the Digital Library Services website and EPIC. *DynaMed Plus* presents critically appraised evidence from more than 500 medical journals in a quick, easy-to-read format designed for use at the point of care.

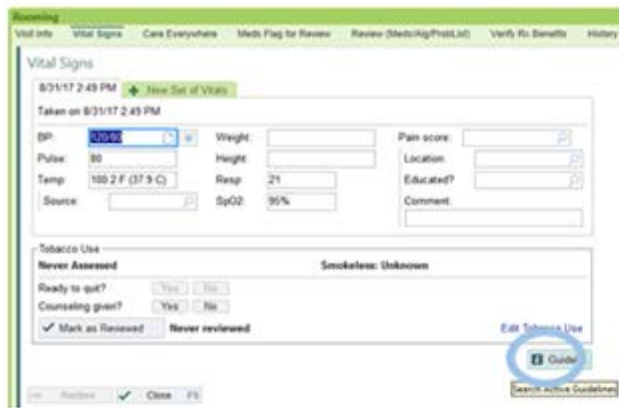
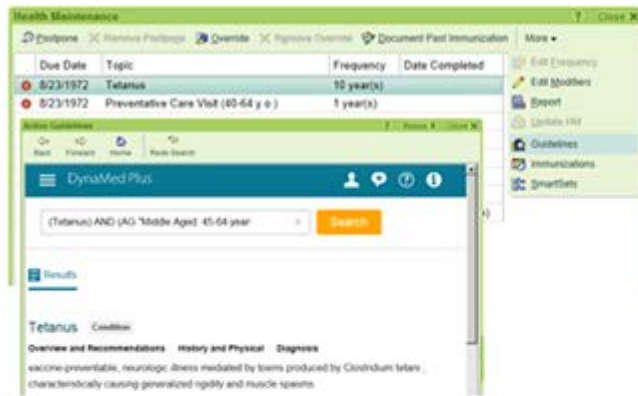


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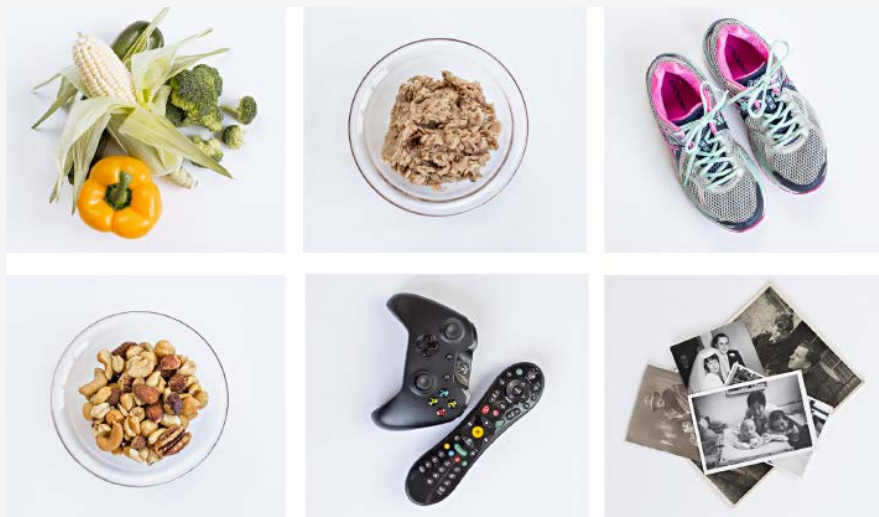
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What Influences Your Cholesterol?

Influencers like diet, exercise and your family tree can all affect your cholesterol readings



October 11, 2017

Cholesterol is a soft, waxy substance found in the bloodstream and your body's cells. It helps produce cell membranes and hormones. There are two types of cholesterol: good cholesterol – high-density lipoprotein or HDL, and bad cholesterol – low-density lipoprotein or LDL. Too much of one type, and not enough of the other, puts you at risk for heart disease and stroke.

“Despite more public awareness and better screening tools, less than 50 percent of those with high cholesterol actually receive treatment,” says Lehigh Valley Hospital–Schuylkill surgeon [Ivor F. Lewis, MD](#), with LVPG Family Medicine. “Of those that are in treatment, only about one-third have reached the recommended goal for good cholesterol.”

Good influencers

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What Influences Your Cholesterol?



- High-fiber foods like fruits, vegetables, whole grains
- Omega-3 fatty acid-rich fish like salmon, tuna and trout
- Nuts
- Healthy weight
- Regular exercise

Bad influencers

- Fatty, high-cholesterol foods like fatty meats, cheese
- Sedentary lifestyle
- Obesity
- High LDL (bad) cholesterol
- Smoking

Is it your genes?

A rare condition called familial hypercholesterolemia allows cholesterol to build up regardless of weight, diet and exercise. But people without this genetic condition can still inherit a predisposition for high cholesterol or developing risk factors for it. “It’s up to your physician to determine if early screening for cholesterol is appropriate,” Lewis says.

Prescription help

Along with diet and exercise, your doctor may recommend an LDL-lowering drug, like a statin or a bile acid sequestrant. Other medications may raise HDL levels – the good cholesterol – such as niacin or fibrates. “Treatment recommendations for high cholesterol continue to evolve, so stay tuned,” Lewis says.

What are the symptoms of head and neck cancer?



October 11, 2017

Many people with head and neck cancer experience a variety of symptoms, and most are quite noticeable.

“Many symptoms of head and neck cancer don’t go away for two weeks or more,” says Lehigh Valley Health Network otolaryngology surgeon [Chetan Nayak, MD](#), with [LVPG Ear, Nose and Throat](#). “If someone is in a high-risk category – a heavy smoker or consumes alcohol regularly for example – and experiences these symptoms, they would be wise to see a physician as soon as possible.”

Common symptoms of head and neck cancer include:

- A growth or sore in the mouth
- A lump in the neck
- A lump or sore inside the nose that will not heal
- A sore throat that does not go away

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What are the symptoms of head and neck cancer?



Learn More



What are the symptoms of head and neck cancer?

- Blocked sinuses that will not clear
- Chronic sinus infections
- Cough or hoarseness that does not go away
- Coughing up blood
- Difficulty swallowing, speaking, or breathing
- Frequent headache or pain around the nose, cheeks, jaws, or forehead
- Frequent nosebleeds or ones that don't stop
- Muscle weakness
- Numbness in the face
- Pain in the ear
- Swelling of the eyes or under the chin or around the jaw
- Vomiting

These symptoms may be caused by cancer or by other problems. It is important to see a doctor about any symptoms like these so that the problem can be diagnosed and treated as early as possible.

Do you have questions about head and neck cancers?
Download our [free information guide](#) to learn more.

Gamma Knife Icon effectively treats painful trigeminal neuralgia without surgery

Here's how this noninvasive procedure relieves agonizing facial pain.



October 06, 2017

Author: [Robert Prosnitz, MD](#), is a radiation oncologist with [Allentown Radiation Oncology Associates at Lehigh Valley Hospital–Cedar Crest](#).

I meet many patients with persistent trigeminal neuralgia (TN) who worry they may need invasive surgery to relieve their searing facial pain or otherwise live with it for life.

The positive news is most are good candidates for Gamma Knife® Icon™ treatment, which in most cases alleviates facial

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Gamma Knife Icon effectively treats painful trigeminal neuralgia without surgery



Next Steps

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pain without the need for open surgery or other invasive treatments.

Trigeminal neuralgia is a chronic and debilitating condition that occurs mostly in people over age 50. The pain is usually triggered by blood vessels pressing on the 5th cranial (trigeminal) nerve as it exits the brain stem. This nerve is primarily responsible for transmitting sensations from the face to the brain.

With time the pressure leads to nerve damage, causing patients to suffer attacks of stabbing, burning or aching pain in various areas of their face. Gamma Knife Icon works by delivering a single shot of high-dose, laser-focused radiation that interrupts pain signals traveling from the trigeminal nerve back to the brain.

Not only have thousands of TN patients around the world found lasting relief through this noninvasive procedure, it can be a particularly good option if you are older or have other medical problems that make regular surgery risky. Young, healthy TN patients may want to consider microvascular decompression, a procedure that is slightly more effective. Its downside is that it requires opening the skull to relieve pressure on the trigeminal nerve.

Gamma Knife Icon also offers other advantages. For one, treatment is painless. When you arrive, our staff will fit you with a headframe to hold your head completely still so radiation hits only the target area without harming surrounding tissues.

Treatment typically takes 30 minutes, and you go home that day. Best of all, about 90 percent of TN patients either have no more facial pain after Gamma Knife treatment or can easily control it with medication.

Learn more about Gamma Knife in our informational guide > [Download Gamma Knife guide.](#)