



Facial Pain

QUICK FACTS

- Facial pain is common
- It can be caused by headaches, muscle and joint problems
- Most are not caused by sinus problems

ABOUT THE CONDITION

Facial pain is a common problem. Many people mistakenly think that because the pain is over the face, it must be coming from the sinuses. Nine out of 10 patients with facial pain referred to see an ENT specialist do not have sinus problems.

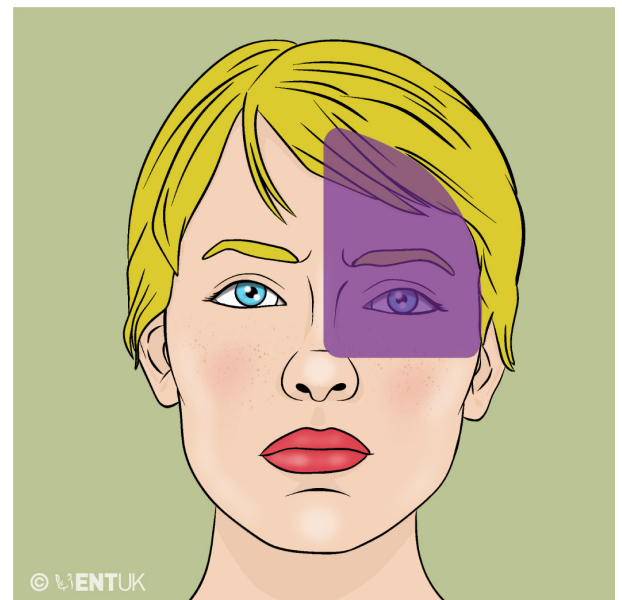
Facial pain can be caused by headache, migraine, a problem with muscles, joints, your teeth, the nerves in your face and sometimes the sinuses. Headaches are very common. Other factors which may influence pain include stress, dehydration, certain foods, menstruation or lack of sleep. Keeping a diary of your symptoms may help identify triggers which you can avoid.

Different causes of pain require different treatments. You may be offered treatment by an ENT doctor or your GP, or be referred to a headache clinic for further assessment.

Migraine

This is common and affects 1 in 10 people. Migraine headaches can be very disabling. They tend to affect women (1 in 5 women) more than men (1 in 15 men). Migraine can develop at any age but usually starts in young adulthood.

The pain is commonly throbbing but can take different forms. Migraine pain can affect the face, forehead, side of the head, or back of the head. The pain is usually one-sided but can spread over the whole face.



If your migraine causes pain in the head and lower half of the face you may also experience a runny nose or nasal blockage which may be why migraine is often mistaken for sinusitis. You may also experience a red cheek or eye with this type of migraine. Most sinus infections **do not** cause facial swelling or redness.

You may also feel like you are going to be sick and that bright light will be unpleasant. Some patients have problems with their vision during a migraine, some patients do not. The pain is bad enough that you have to lie down. It lasts between three hours and three days.

Self-help:

- Avoid triggers such as caffeine, eat your meals regularly, keep well hydrated, reduce stress, exercise regularly and get plenty of sleep
- Lie in a dark quiet room during a migraine

Medication:

- Take over the counter painkillers such as paracetamol and ibuprofen
- Speak to your GP about medications to prevent migraine called Triptans and anti-sickness medicines.

For further information on migraine, please visit the following websites:

- [The Migraine Trust](#)
- [NHS website](#)

Mid-segment facial pain

This is **common** and may occur in adulthood. One in 3 patients who are referred to see an ENT specialist because they are suspected to have sinusitis actually have mid-segment facial pain instead.

It is a dull aching pain and can be worse when you are feeling stressed or anxious. The pain is centred over your face and can occur every day. The pain usually affects the bridge of the nose, the cheeks or behind the eyes. It usually affects both sides of the face.



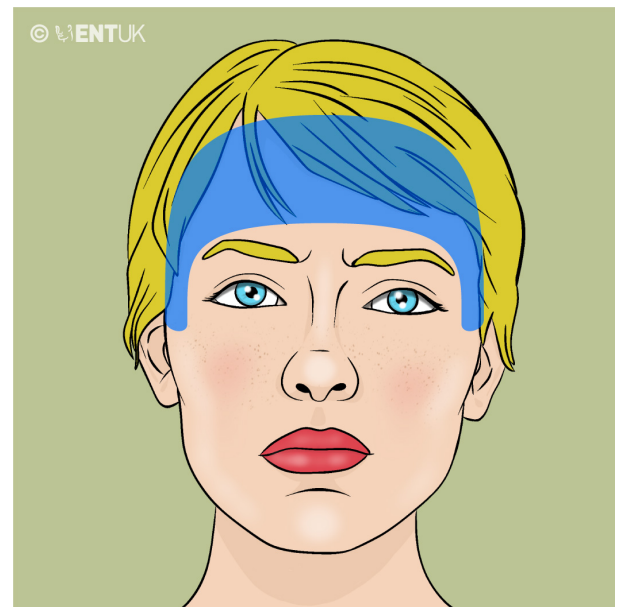
This type of pain can be associated with tension headaches and tenderness of the skin over your cheeks and forehead, or can cause your face to feel very sensitive.

It can be treated with a medication called amitriptyline by your GP.

Tension-type headache

This is very common and nearly 8 in 10 people will have a tension-type headache at some point in their life. It tends to start when you are a teenager or young adult, but may develop at any time in your life. Women experience this type of headache slightly more often than men.

It is similar to mid-facial segment pain. The headache may occur daily. It feels like pressure across your forehead or the back of your head. It can feel like a tight band around your head. The pain is often worse when you lean forward. Sometimes your scalp can feel very tender. The muscles in your cheek, jaw and neck may be tender to touch.



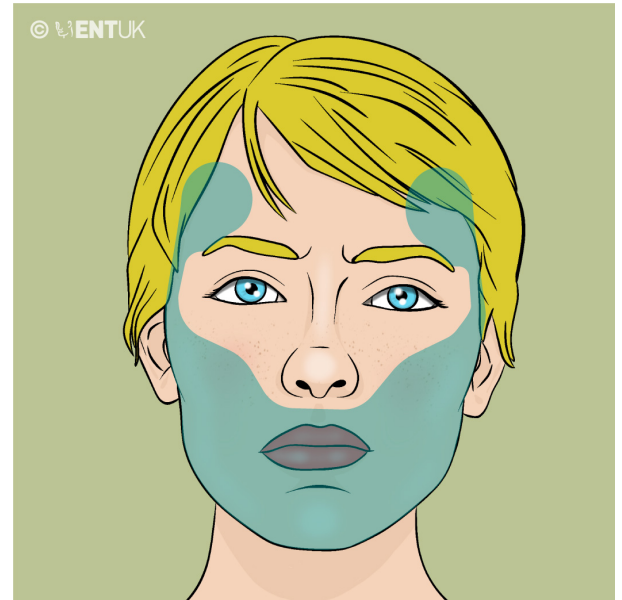
Tension-type headache can be caused by stiff muscles in the neck, having bad posture (e.g. from hunching over a desk or computer), stress and anxiety, certain smells, tiredness, or if you have missed a meal or are dehydrated.

It can be treated with painkillers (paracetamol and ibuprofen) and it often does not affect your ability to carry out your day to day routine. Neck massage can also help.

Temporomandibular joint (TMJ) disorders

Conditions affecting the jaw joint (called the temporomandibular joint) can affect 1 in 10 people and occur more frequently in women. These conditions are more common between the ages of 30 and 50. It can be worse during times of stress.

The muscles, joint or bone can be the cause of the pain. The pain is over the jaw and in front of the ear. Sometimes you may hear or feel a 'clicking' of the jaw, or surrounding area, when it moves. The pain can also spread around the ear, cheek, temple and teeth.



It usually settles itself with time, but other options for treatment are pain relief, relaxation techniques and jaw muscle exercises. Speak to your dentist to see if a bite guard may be helpful. If the pain persists, you may be referred to an Oral and Maxillofacial Specialist (OMFS) for further assessment.

Trigeminal neuralgia

Trigeminal neuralgia is not very common. This type of pain is sharp and intermittent and is often describes as an 'electric shock' type of pain. The pain comes and goes, but can be

very sore when present. Pressure on certain parts of the face may trigger the pain.

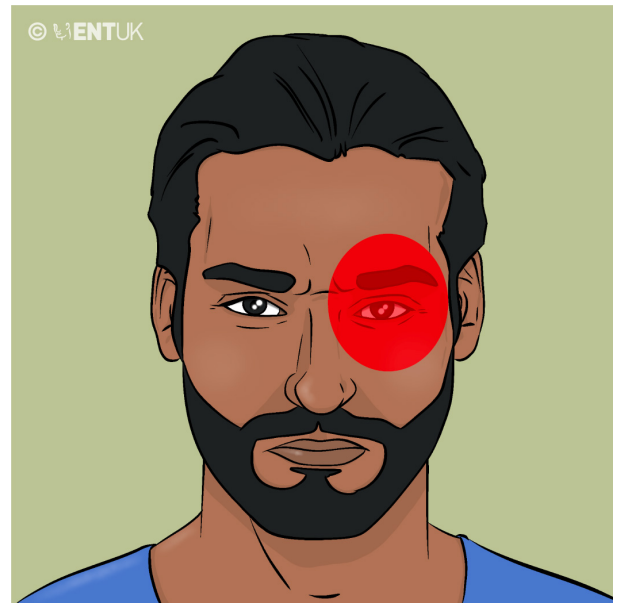
Neuralgia pain can be treated with medicine that stabilises the nerve endings (such as gabapentin or carbamazepine). Neurologists specialise in the treatment of this condition. The Neurologist may recommend a scan.



Cluster headaches

Cluster headaches cause very severe, one-sided attacks of pain around the eye, above the eye or the temple. The pain usually lasts about an hour but can occur several times a day for weeks (hence the term 'cluster'). You may also experience a blocked nose, a watery eye, sweating and a droopy eyelid. This type of headache can make you feel very restless, agitated or unable to lie still.

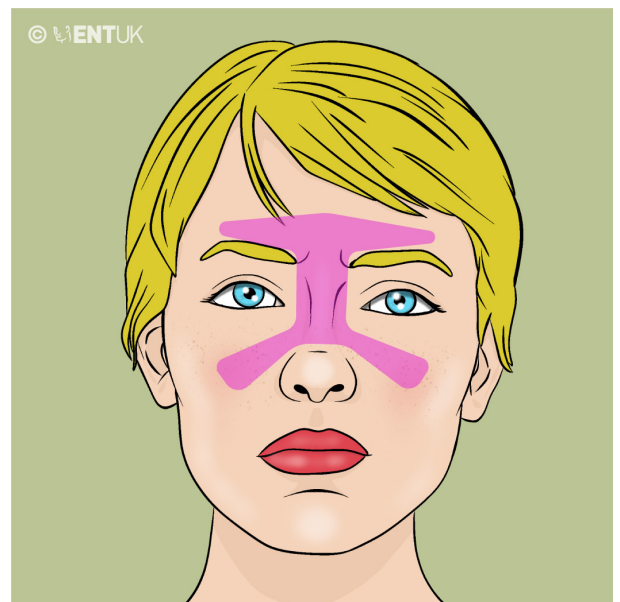
Simple painkillers such as paracetamol, ibuprofen or aspirin do not help. Breathing in oxygen and an injection under the skin of a group of medications called Triptans may help this type of headache. Neurologists specialise in the treatment of this condition. The Neurologist may recommend a scan.



Pain caused by sinus problems

Acute bacterial rhinosinusitis

- It may start with a common viral cold but your symptoms get worse after three weeks. This is a type of infection that lasts between three and twelve weeks.
- You will have either a blocked nose or when you blow your nose you will see discoloured mucus or pus. You may have both of these symptoms.
- Pain is not always present.
- Your sense of smell may be worse or may have completely disappeared. You may notice a bad smell in your nose or a bad taste in your mouth.
- The episode of sinusitis pain should respond to antibiotics and most patients with acute sinusitis do not need to be seen by an ENT specialist.
- Unless you are very unwell (high temperature, very poorly), acute sinusitis does not usually cause swelling



of the cheek or face, but if it does, you should see your GP or go to the Emergency Department.

Chronic sinusitis

- In this condition, there is swelling of the lining of the nose and sinuses that has lasted for more than three months.
 - You may have a blocked nose, discoloured discharge, or both.
 - The lining of your nose and sinuses will look unhealthy, the doctor may see pus, swelling of the lining of the nose or polyps.
 - Pain, if present, may be like an ache.
 - Nasal salt water rinses, nasal steroid sprays, and sometimes nasal steroid drops or steroid tablets and antibiotics may be used to treat this condition.
 - Patients who have facial pain with no signs of sinus disease will not be helped by sinus surgery.
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