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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Post-Herpetic Neuralgia (Nerve Pain After Shingles)

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

Post-herpetic neuralgia is persistent nerve pain in the area where a shingles (herpes zoster) rash occurred, lasting beyond 3 months after the rash heals. The shingles virus damages sensory nerves, leaving them firing pain signals spontaneously. When shingles affects the face or eye (often in the forehead/scalp branch of the trigeminal nerve), neurologists help manage the aftermath.

How does it happen?

Reactivation of the chickenpox virus (varicella-zoster), which has lain dormant in nerve roots since childhood, inflames and damages the nerve. Older age and severe rash or acute pain raise the risk of persistent pain. The shingles vaccine (Shingrix) is highly effective at preventing the whole cascade.

Common symptoms

- Burning, aching, or stabbing pain in the healed rash area
- Allodynia: excruciating pain from light touch — clothing, a breeze, bedsheets
- Itching or numbness in the same area
- Sleep disturbance and mood effects from chronic pain
- Pain lasting months; in some, years

How is it diagnosed?

Diagnosis is clinical, based on persistent pain in the distribution of a documented shingles rash. No special testing is usually needed.

How is it treated?

First-line medications calm overactive nerves: gabapentin or pregabalin, certain antidepressants (duloxetine, amitriptyline), and topical treatments — lidocaine patches and capsaicin cream or the high-dose capsaicin patch. Combination therapy is common. For stubborn cases, nerve blocks, or neuromodulation are options. Prevention beats treatment: the Shingrix vaccine is recommended for adults 50+ (and younger if immunocompromised).

What does the future hold?

Pain gradually fades in most patients over months to a year, though a minority have long-lasting pain requiring ongoing management. Early, aggressive treatment of acute shingles (antivirals within 72 hours, prompt pain control) reduces the risk of this complication.

Questions patients commonly ask

Q: Why does clothing hurt so much?

A: The damaged nerve fibers misinterpret gentle touch as pain — this is called allodynia and is a hallmark of nerve injury pain; topical lidocaine often helps specifically with it.

Q: Could this have been prevented?

A: The Shingrix vaccine prevents over 90% of shingles cases and most post-herpetic neuralgia; it's recommended even after a shingles episode to prevent recurrence.

Q: Will the pain ever stop?

A: For most people it steadily diminishes over months; medications and topicals control it while the nerve heals.

National support groups & resources

- **American Chronic Pain Association** — theacpa.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Headache Foundation** — headaches.org

(Organization contact details were current at the time of compilation; please verify online.)

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