

## Patient information factsheet

# Facial nerve palsy

**We have written this factsheet to explain what facial nerve palsy is and how it is treated. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of our team.**

### What is facial palsy?

Facial palsy is a loss of facial movement caused by certain conditions that affect the normal function of the facial nerve (the nerve that controls the muscles in the face). Your facial muscles may appear to droop, or become weak or even completely paralysed. It can happen on one or both sides of your face.

### How do the facial nerves work?

Each side of the face has its own facial nerve, so if the left facial nerve stops functioning normally, this will only affect the left side of the face, and vice versa. Each nerve starts at the brain and enters the face to the front of the ear where it then divides into five separate branches. These branches supply the muscles which are used for facial expression. Tears, saliva production and taste are also controlled by the facial nerves.

### What causes facial palsy?

The most common cause of facial palsy is Bell's palsy (idiopathic facial palsy). For more information, please see below.

Other common causes of facial palsy include:

- Ramsay Hunt syndrome (a complication of shingles)
- Lyme disease (a bacterial infection spread to humans by infected ticks)
- tumour of the hearing nerve (acoustic neuroma) or salivary gland (parotid), or surgery to remove the tumour
- traumatic injury such as fractures to the brain, skull or face
- stroke

### What is Bell's palsy (idiopathic facial palsy)?

The nerve that controls your facial muscles passes through a narrow corridor of bone on its way to your face. In Bell's palsy, this nerve becomes inflamed and swollen. The exact cause of this is unknown. However, many medical researchers believe it's most likely triggered by a viral infection, such as the herpes virus.

Bell's palsy usually starts quickly over a day or two. Sometimes people experience an earache or feel run down before the facial weakness starts. The facial weakness may get worse for up to a week. Four out of five sufferers make a full recovery within three weeks and the remainder usually make at least a partial, if not full, recovery within six months. Occasionally, if a person does not make a full recovery, we will carry out further investigations to exclude non-viral causes.

## What are the symptoms of facial palsy?

Signs and symptoms of facial palsy include:

- a weakness or total paralysis on one side of your face (may look expressionless and droopy)
- difficulty smiling, talking and eating
- a weak upper eyelid that may not close fully
- a drooping lower eyelid (ectropion)
- eye irritation, such as watery or sore, dry eyes (this is the most serious problem in facial weakness, as it can lead to a loss of vision if not treated)
- a drooping eyebrow (brow ptosis) which may reduce your side vision
- a sensitivity to loud noises
- an altered sense of taste for a short time

It's important to see a GP as soon as possible after developing these symptoms because treatment for facial palsy is more effective if started early.

## How is facial palsy treated?

As the majority of people with facial palsy have no clear cause and recover with time, we usually recommend conservative treatments (treatments designed to avoid operation or intervention), such as:

- eye drops, eyelid taping or shielding to help protect your eyes
- facial exercises to help improve your muscle function

If we suspect that your facial palsy has a specific cause, such as a viral or bacterial infection, we may request that you have blood tests and/or scans to check. Depending on your results, you may need antibiotic or antiviral treatment. We routinely treat Bell's palsy with steroid tablets to help speed up recovery.

As facial palsy affects the eyes, ears and face, you will be cared for by several specialist teams.

## What are the conservative treatments?

### Eye drops

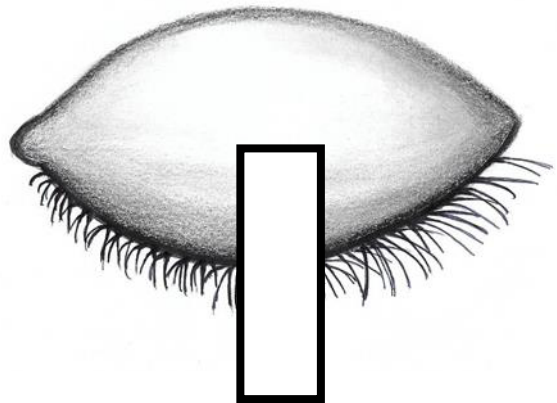
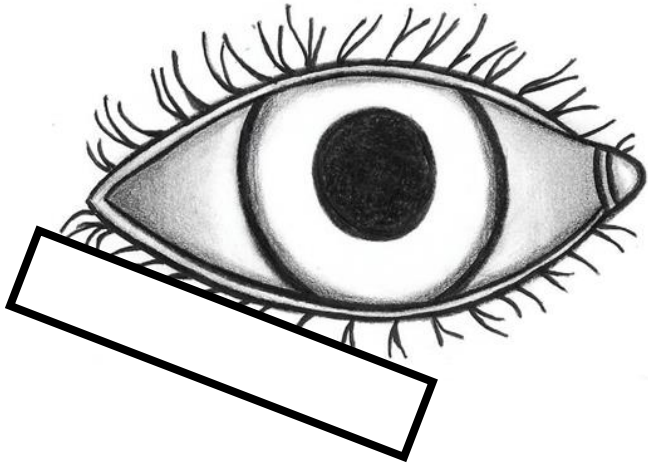
Eye drops will help to keep your eye moist and comfortable while your eye closure and blinking is weak. You should use the drops regularly, even if your symptoms improve. We will advise which eye drops are most suitable for you and how often to use them. If your eyes still feel dry or uncomfortable, please contact us, as the frequency of the drops may need to be changed.

### Eye ointments

We recommend using eye ointments at bedtime only, as they are very thick and will blur your vision. If your vision is still blurred in the morning when you wake up, try washing your face or applying the daytime drops and this should clear your vision. Occasionally, if your eye is very dry, we may ask you to apply an ointment during the day for a short while. Please contact us if your vision becomes too blurred for you to manage.

### Taping

Dressing tape (Transpore, Micropore or equivalent) can be used to keep the eye closed at night or to pull up a droopy lower eyelid at the sides. Dressing tape is available from chemists and supermarkets. We can show you how to apply it during your clinic appointment. Tape must be applied carefully so that it does not scratch the eye. It helps to dry the skin first to remove tears or ointment so the tape can stick properly. If the tape has become loose or dirty, we recommend that you remove it and replace it with a fresh piece.



### **Wrap-around glasses**

Wrap-around glasses will help to protect your eye from wind, sunlight and dust when you are outdoors. Opticians can also fix a side-shield to your regular glasses. These are useful if you find your eyes water a lot when you are outdoors.

### **Moist chamber**

If taping is difficult for you, a moist chamber can help to prevent your eye from becoming dry. You can create a homemade moist chamber using a square of cling film and some tape. Place the cling film over your eye and then seal it in place with some tape above your eyebrow, on your cheek and on the two sides. The cling film should not touch your eyeball. If you wish to purchase a moist chamber, please ask us for recommendations.

### **Botox (Botulinum toxin)**

Some people with facial palsy develop involuntary facial spasms or twitching (blepharospasm or hemifacial spasm), or involuntary tearing when chewing or speaking (crocodile tears syndrome). This is due to faulty 're-wiring' of the nerves during the recovery phase. Botox is a muscle-paralysing drug, which can be used to control these long-term effects.

We will inject the Botox into the affected areas of your face to weaken the involuntary muscle movements. This treatment is only a temporary solution and will need to be repeated on a regular basis until your facial palsy has recovered. If you require this treatment, we will discuss it in more detail with you during your clinic appointment.

### **Will I need surgery?**

We will only recommend surgery if your facial palsy puts your eye at risk, for example if your eyelids do not close fully. There are several types of surgical procedure available. We will advise you on which is the most appropriate one for you during your clinic appointment.

### **Lateral tarsorrhaphy**

We will stitch your upper and lower eyelids together to reduce tear evaporation and protect your eye. This may be a permanent or temporary solution. It may cause your eye to look smaller on the treated side and may reduce your side vision.

### **Ectropion surgery**

We will elevate your drooping lower lid to improve both your eye protection and tear retention.

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## Medial canthoplasty

We will stitch together the inner corner of your upper and lower eyelids to help with eyelid closure. We will often perform this procedure with one of the above operations.

## Upper eyelid weight

If we think you are likely to have a long-term problem with eye closure, we may stitch a small weight (made of gold or platinum) inside your upper eyelid to help your eye to close at bedtime. It will not help with blinking during the day, so you will still need to use eye lubricants after your surgery. The weight is not usually very noticeable, but sometimes it is seen or felt as a small bump on top of the eyelid. If you need this procedure, we will measure the size of the required weight in the clinic with stick-on weights. We may ask you to keep using the stick-on weight while you are waiting for your surgery.

## Brow lift

Surgery can help lift a drooping eyebrow to improve your side vision. However, surgery cannot help recover eyebrow movement.

## Facial rehabilitation or reanimation surgery

The paralysed face tends to drop particularly around the mouth and cheek, and can affect speech and eating. If you do not recover from facial palsy, we may refer you to the facial surgical team for assessment. Facial surgeons can lift your face and lips to improve symmetry or even some facial muscle function.

## Contact us

If you have any questions or concerns, please contact us.

Southampton eye unit

Telephone: **023 8120 5073**

Email: [uhs.eyecunitadmin@nhs.net](mailto:uhs.eyecunitadmin@nhs.net)

Southampton eye casualty triage line

Telephone: **023 8120 6592** (for the assessment and triage of urgent problems and emergencies only)

## Useful links

[www.dystoniasociety.org.uk](http://www.dystoniasociety.org.uk)

[www.facialpalsy.org.uk](http://www.facialpalsy.org.uk)

[www.uhs.nhs.uk/OurServices/Brainspineandneuromuscular/TheWessexfacialnervecentre/TheWessexfacialnervecentre.aspx](http://www.uhs.nhs.uk/OurServices/Brainspineandneuromuscular/TheWessexfacialnervecentre/TheWessexfacialnervecentre.aspx)

[www.nhs.uk/conditions/bells-palsy](http://www.nhs.uk/conditions/bells-palsy)

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