

Facial paralysis advice

Patient and Carer Information

Physiotherapy Service

Author ID: MS/RN
Leaflet Number: CM 067
Version: 1
Name of Leaflet: Facial paralysis advice
Date Produced: December 2019
Review Date: December 2021

Facial paralysis

Facial Paralysis affects the muscles supplied by the facial nerve. There are a number of causes; the main one is Bell's palsy.

Other causes can be:

- Surgery
- Infection
- Trauma
- Chicken pox
- Shingles
- Tumours – acoustic neuroma
- Stroke
- Vitamin B12 deficiency
- Multiple sclerosis
- Sarcoidosis.

Bell's palsy is believed to be associated with the herpes simplex virus (cold sore virus), but it can be due to a reactivation of the herpes zoster virus (shingles).

Signs and symptoms

Facial nerve paralysis is usually characterised by a one-sided facial weakness, other symptoms can include:

- Loss of taste
- Dry eye or excessive watering
- Dry mouth
- Dizziness
- Hyperacusis (oversensitive hearing)

Often related to the shingles virus

- Loss of balance
- Loss of hearing
- Facial pain

Diagnosis

A thorough medical history and examination, including a neurological examination, are required to make a diagnosis.

Blood tests and an MRI scan of the head may be performed to rule out a non-viral cause.

Treatment

Drugs - NICE (National Institute for Health and Care Excellence) recommends the prescription of steroids within the first 72 hours of onset to reduce swelling around the facial nerve.

Exercise – research shows that tailored facial exercises can help to improve facial function and may reduce recovery time and long term paralysis in acute cases (Cochrane Database of Systematic Reviews 2011).

Trophic electrical stimulation (TES)

TES is a compact machine which can be used on a range of programmes in different stages of recovery. It replicates normal healthy nerve signals within the muscle to promote optimum muscle condition and nerve regrowth.

Eye care advice

Try closing your eye gently as often as you can. If you are unable to fully close your eye, we recommend:

- Using eye drops to keep the eye lubricated during the day, and use eye ointment at night.
- Using eye baths with saline solution
- Protecting the eye from winds and drafts – wrap-around glasses are good as the panel protects the eye
- Using dark glasses to shield and protect the eye from bright light or to take the glare off computer screens.
- Using swimming goggles when washing your hair or in the shower
- Avoiding air conditioning or smoky environments
- Using tape, available from the chemist, to tape the eye shut if your eye becomes sore

- Using eye dressings if you find taping difficult – do not use a gauze pad as this can cause scratching of the surface of the eye.

General advice in the first 12 weeks

Massage your face in upward strokes:

- Support your cheek when eating and talking to help your function
- Use both sides of your mouth for chewing
- Pay attention to your teeth and gums to maintain oral hygiene, as food can collect on the affected side
- Visit your dentist regularly.

12 weeks and beyond

Approximately 15% of people have some ongoing symptoms (that is, if they have not made a full recovery within three months of onset).

It is still possible to treat the symptoms and achieve good results through rehabilitation even years after onset.

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



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This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.

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