Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Facial Paralysis Advice

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Facial Paralysis Advice

Patient and Carer Information

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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
- Shingles
- Tumors - 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 od 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.

Reference

https://cks.nice.org.uk/topics/bells-palsy/



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