Evaluating Facial Nerve Paralysis

SIGNS AND SYMPTOMS OF FACIAL PARALYSIS

Approximately 70 percent of facial nerve palsies are considered Bell’s palsy. This statistic indicates that 30 percent of patients presenting with facial paralysis have other underlying causes.

The facial nerve is responsible for many functions in the head and neck, including movement of facial muscles, stimulation of secretions of tears and saliva, and transition of sensory information. The following symptoms are general symptoms of paralysis:

• Paresis (weakness) or paralysis on one side of the face

• Difficulty with facial expression such as smiling

• Decrease in saliva production or a change in tear production

• Difficulty closing the eye

• Change in sense of taste on one side of the mouth

• Sensitivity to loud sounds

• Pain around the ear on the affected side

Additionally, patients with facial palsies may experience depression or low self-esteem related to this change in appearance.

WHAT IS BELL’S PALSY?

Bell’s palsy is a diagnosis of exclusion. It is characterized by rapid onset of facial paralysis occurring in less than 72 hours. It is important to exclude other causes of facial palsy before arriving at a diagnosis of Bell’s palsy. If the drooping occurs over weeks to months, this is not Bell’s. The paralysis can appear as sagging, frozen expressions, frozen, drooping or other unusual expressions, and will affect the entire half of the face.

• Bell’s palsy may occur in men, women and children but is more common in people 15 to 45 years old, people with diabetes, upper respiratory ailments or compromised immune systems, or during pregnancy.

• The Bell’s palsy diagnosis is reserved for sudden onset facial paralysis within 72 hours since all other causes have been excluded.

• Treatment with high-dose steroids prescribed in the first 72 hours improves outcomes.

• Bell’s palsy on both sides of the face is very rare.

See references on back panel.

REFERENCES FOR BELL’S PALSY INFORMATION


For more information, read the Clinical Practice Guidelines on Bell’s palsy at:

ent.org/content/clinical-practice-guideline-bells-palsy

For more information, visit uwhealth.org/facialnerve
INITIAL FACIAL PARALYSIS EVALUATION

Facial Paresis (Weakness, partial paralysis)

- Immediate Evaluation
  - Time from onset to exclusion of neurologic change
  - For cases of delayed recovery after peripheral nerve injury

- Evaluate Degree Facial Paralysis
  - quantify degree of impairment
  - Definitive therapy

- Referral to Head and Neck Surgery: (608) 263-6190
  - Congenital malformations
  - Mitochondrial cytopathy
  - Myasthenia gravis

- Electrodiagnostic testing
  - Facial nerve block
  - Nerve conduction studies

- Referral to Neurology: (608) 263-5442
  - Idiopathic facial paralysis
  - Bell's palsy

- Referral to Neurosurgery: (608) 263-7502
  - Skull base neoplasms
  - Carotid-cavernous fistulas

- Referral to Eye Care: (608) 263-7171
  - Corneal exposure

- Referral to Surgery: (608) 263-6190
  - Facial palsy

- Referral to Therapy: (608) 263-6190
  - Speech therapy
  - Facial reanimation

- Referral to Facial Nerve Clinic: (608) 263-6190
  - Comprehensive care
  - Facial nerve injury

- Referral to Oculoplastic Surgery: (608) 265-7790
  - Conjunctival reconstruction
  - Lid surgery

- Referral to Cosmetic Ophthalmology: (608) 263-3171
  - Blepharoplasty

- Referral to Ophthalmology: (608) 263-6190
  - Corneal protection
  - Cataract extraction

For more information, visit uwhealth.org/facialnerve

SYNKINESIS EVALUATION AND TREATMENT

Synkinesis is involuntary movements in one region of the face produced during voluntary or spontaneous movement in another region of the face.

**EVALUATION OF SYNKINESIS**

- Occurs in cases of delayed recovery after peripheral nerve injury

- May present as somatoform or functional synkinesis

- Not due to specific injury or disease

**TREATMENT OF SYNKINESIS**

- Surgical options include neurovascular decompression

- Botulinum toxin injection

- Electrical stimulation

**WHAT TO DO BEFORE SYNKINESIS DEVELOPS**

- Avoid potential causes of facial weakness

- Avoid repetitive movements

- Avoid excessive facial expression

- Avoid facial paralysis

**PROTECTION FOR IMPAIRED EYE CLOSURE**

- Early referral to an eye doctor

- Use of ophthalmic ointments

- Use of lubricating eye drops

- Use of wraparound sunglasses

- Use of eye patch

**EYE CARE FOR FACIAL PARALYSIS**

- Early referral to an eye doctor

- Use of ophthalmic ointments

- Use of lubricating eye drops

- Use of wraparound sunglasses

- Use of eye patch

**REFERRAL PHONE NUMBERS**

- Referral to Facial Nerve Clinic: (608) 263-6190
- Referral to Head and Neck Surgery: (608) 263-6190
- Referral to Neurology: (608) 263-5442
- Referral to Neurosurgery: (608) 263-7502
- Referral to Oculoplastic Surgery: (608) 263-7790
- Referral to Ophthalmology: (608) 263-3171
- Referral to Ophthalmology: (608) 263-6190