

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 paresis/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 translation 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, frowns, 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 once 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

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entl.org/content/clinical-practice-guideline-bells-palsy
on Bell's palsy at:

For more information, read the *Clinical Practice Guidelines*

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Sullivan FM, Swan IR, Donnan PT, et al. Early treatment with prednisolone or acyclovir in Bell's palsy. *N Engl J Med*. 2007;

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Engstrom M, Berg T, Sjöerquist-Desatnik A, et al. Prednisolone and valaciclovir in Bell's palsy: a randomised, double-blind, placebo-controlled, multicentre trial. *Lancet Neurol*. 2008;

149(3 Suppl):S1-27.

Baugh RF, Basura GJ, Ishii LE, et al. Clinical practice guideline: Bell's palsy. *Otolaryngol Head Neck Surg*. 2013 Nov;

REFERENCES FOR BELL'S PALSY INFORMATION

Evaluating Facial Nerve Paralysis



uwhealth.org/facialnerve

UW HEALTH FACIAL NERVE CLINIC



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The Facial Nerve Clinic at University Hospital provides a multidisciplinary approach to diagnosing and treating chronic facial paralysis in children and adults.

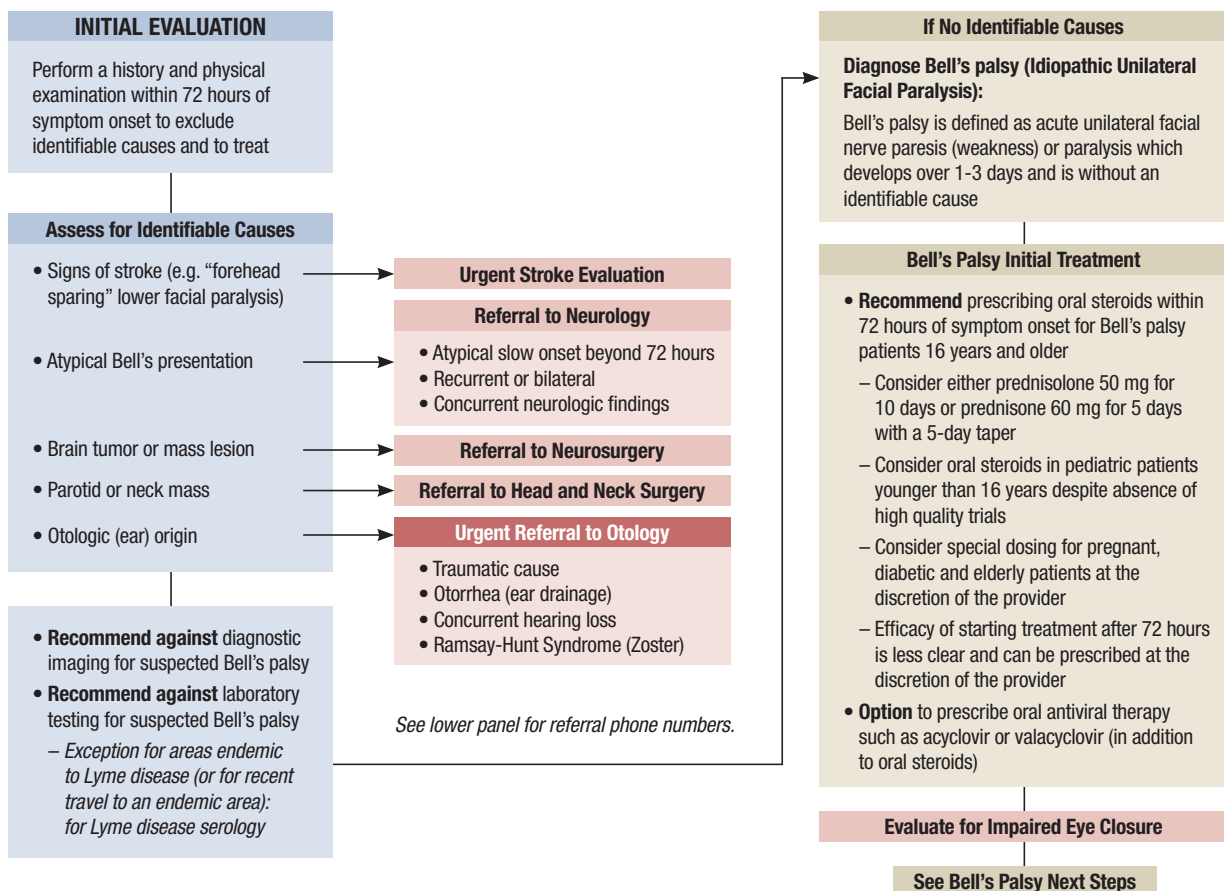
This reference guide provides information to help you treat patients with facial nerve disorders and advise you when to contact us for a referral to evaluate and treat.

Patients with incomplete recovery after three months of facial paralysis should be referred for comprehensive evaluation for therapy, imaging, surgery and eye care. Our clinic also specializes in treatment of synkinesis.

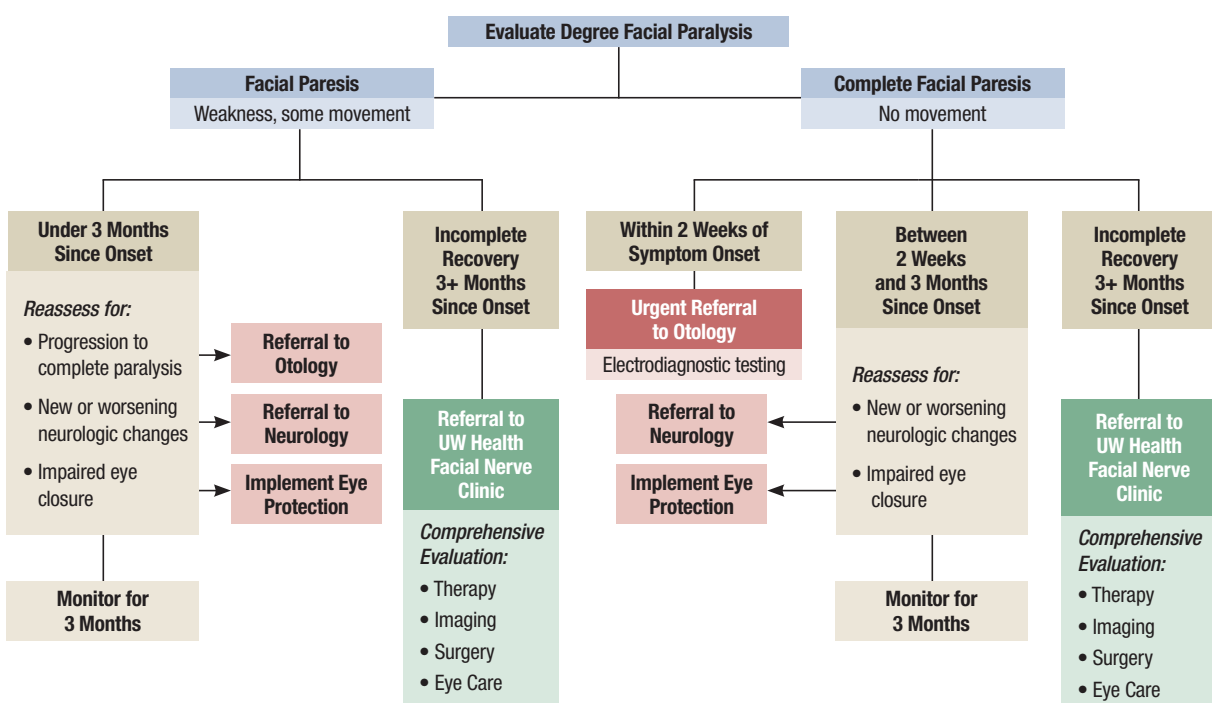
University Hospital
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For more information, visit
uwhealth.org/facialnerve

INITIAL FACIAL PARALYSIS EVALUATION



BELL'S PALSY NEXT STEPS



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 facial nerve injury
- Patients may describe facial tightness, pain, spasm or uncoordinated muscle movement
- Develops six months after onset of paralysis or later

TREATMENT OF SYNKINESIS

- Facial retraining may improve expression through muscle coordination
- Botulinum toxin has been shown to temporarily reduce facial spasm and improve synkinesis
- The **UW Health Facial Nerve Clinic** specializes in treatment of synkinesis

WHAT TO DO BEFORE SYNKINESIS DEVELOPS

- Avoid** maximum-effort exercises of facial muscles, which may worsen asymmetry
- Avoid** electrical stimulation, which may increase abnormal movements
- Softly and gently stroke affected side of the face, as this may help brain's sensory awareness of that side and promote more normal recovery

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EYE CARE FOR FACIAL PARALYSIS

PROTECTION FOR IMPAIRED EYE CLOSURE

- Early referral to an eye doctor: uwhealth.org/eyes
- Use of wraparound sunglasses
- Frequent use of lubricating ophthalmic drops such as "artificial tears"
- Frequent use of ophthalmic ointments at night
- Use of moisture chamber at night
- Tape eye at night (with teaching)

For patients with "complete" paralysis, consider early referral for temporary surgical closure.

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) 265-7790**
- Referral to Ophthalmology: **(608) 263-7171**
- Referral to Otolaryngology: **(608) 263-6190**

