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FACIAL PALSY

Q *What is facial palsy?*

A Facial palsy (facial weakness) usually affects one side of the face and is due to a large number of causes, the commonest of which is Bell's palsy. This is believed to be due to a virus affecting the nerve which activates the muscles of the face.

Q *What are the effects of facial palsy?*

A Most patients notice first that the eye on the affected side does not close and eating and drinking may be more difficult. In addition the eyebrow may droop and the lower lid may fall slightly away from the eye. The eye itself may be uncomfortable and it is usually obvious that the affected side of the face is generally droopy compared to the other side and the muscles do not contract normally.

Q *What can be done about facial palsy?*

A The majority of patients improve without any treatment within a few weeks. Many return completely to normal during this time but a few take longer. A small number of people improve very little or not at all even after many months. In the early stages eye drops are often needed to keep the eye moist and comfortable. Surgery is only occasionally needed at this early stage. At a later stage, usually after six months, it may be necessary to consider surgery to improve parts of the face which have not improved by themselves.

Q *What surgery may be needed?*

A The commonest operations aim to improve the position of the lower eyelid and brow and to improve the closure of the upper eyelid so that it can close with the other side and protects the eye. Other operations may be considered to lift the cheek and the corner of the mouth.

Q *How is the lower lid surgery done?*

A Usually under local anaesthesia the eyelid is tightened to improve its position. The results are usually very good.

Q *How is the eyebrow surgery done?*

A Usually under general anaesthesia a cut is made above the brow and the brow is fixed in its correct position. The results are usually good although the surgery does not restore the normal movement of the brow.

Q *How is the upper lid operation done to achieve better closure of the eye?*

A Usually under local anaesthesia a gold weight is implanted within the eyelid. The exact size of weight is determined before the surgery. Once implanted the weight is usually trouble free and remains in place permanently. It sometimes causes a slight droop of the upper lid. This can be corrected at a subsequent operation if necessary.

Q *Are there any other complications of facial palsy?*

A Yes. The main ones are watering of the eye and unusual contractions of the face. The watering of the eye may improve if the facial palsy recovers. Occasionally the watering can be inconvenient and options for surgical treatment will be discussed with you.

The unusual contractions in the face occur only if the recovery of the facial palsy is delayed beyond three or four months. These unusual contractions can often be treated with botulinum toxin injections but frequently they are not severe enough to need treatment.

Q *What is the long-term outcome of facial palsy?*

A Once six months has passed after the onset of the palsy no further recovery is likely. At this stage surgical treatments are usually considered for any remaining problems.

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