



Royal Berkshire
NHS Foundation Trust

Facial nerve paralysis

Information for patients

This leaflet explains what facial nerve paralysis is and outlines the management and treatment options.

What do the facial nerves do?

Your facial nerves (one each side of your face) run from your brain, through a complex route, to reach the muscles you use for facial expressions, such as raising your eyebrows and closing your eyelids.

What causes facial nerve paralysis?

Facial nerve paralysis may be congenital (present at birth) or acquired, i.e. due to injury or disease. Acquired causes include:

- Bell's Palsy
- Shingles of the middle ear region
- Tumours (acoustic neuroma, parotid gland or temporal bone tumour), or
- Trauma (birth, temporal bone fracture).

What are the symptoms?

The paralysis usually affects one half of the face. Patients with facial nerve paralysis develop flattening of the affected half of the face, with loss of forehead wrinkles, an inability to whistle and a 'dragged' appearance of the opposite corner of the mouth. Paralysis can affect the eye area in various ways, including drooping of the eyebrow, elevation or retraction of the upper eyelid, sagging and ectropion (sagging and outward turning of the lower eyelid and eyelashes), watering, lagophthalmos (inability to close the eye), and exposure keratopathy (drying of the cornea).

How is this condition managed?

Many patients can be treated using medication such as topical lubrication drops and ointment, artificial tear preparations, and taping the eyelids closed at bedtime.

Some patients may be advised to have surgery for facial nerve paralysis but this will be decided on an individual basis. The primary aim of treatment is to protect the cornea (front window of the eye) since poor eyelid closure may result in the cornea drying out and thus affect eyesight. Surgery may also be considered to improve the appearance of the eye area and to reduce watering.

What surgical procedures can help?

Lateral tarsorrhaphy: stitching the two outer portions of the eyelids together in order to protect the surface of the eye from drying. This is used in circumstances where the eyelid closure is likely to improve at a later date but due to its poor cosmetic result it is usually used for severe cases only.

Lateral tarsal strip procedure: tightening of the lower eyelid when it is slack and sagging. The eyelid is shortened and reattached to the bony outer rim of the eye socket.

Medial canthoplasty: may be required to pull up the sagging lower lid, especially in the inner corner.

Gold weights: placing a gold weight in the upper lid to help close the eyelids in the relaxed state by gravity. This may be done externally or fixed inside the upper lid by surgery.

Brow ptosis correction: several different procedures to correct the position of a drooping eyebrow. Some are done directly over the eyebrow while others may be carried out via the forehead or the scalp. This is done for cosmetic reasons or to improve the patient's field of vision.

Other problems related to facial nerve paralysis

Neurotrophic keratitis can accompany facial paralysis if there is an additional problem with part of the 5th cranial nerve (nerve sensation to the cornea). Patients have diminished corneal sensation and cannot feel dryness or foreign bodies which can rub on the corneal surface causing corneal ulceration. In these cases (temporary) complete eyelid closure (eyelids stitched together) may be needed.

Crocodile tears syndrome: this is a rare consequence of facial nerve paralysis due to abnormal connections between the tear production pathway and chewing muscles, as the facial nerve paralysis is healing. It may result in copious and embarrassing tearing while eating. It can be successfully managed using repeated injections of the botulinum toxin.

If you have any concerns or questions, please speak to your consultant.

Useful contacts

- Facial Palsy UK, Tel: 0300 030 9333
www.facialpalsy.org.uk/ email: info@facialpalsy.org.uk
- Bell's Palsy Help and Information, <https://bellspalsy.org.uk/>
- <https://www.nhs.uk/conditions/bells-palsy/>

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RBFT Ophthalmology

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