

Facial Nerve Paralysis

Facial nerve paralysis or Bell's palsy is caused by damage to the nerve that controls the muscles of facial expression. Inability to move these muscles affects the ability to chew, drink, communicate, and blink the eye. The extent of damage to the nerve can vary from mild to severe.

What are common causes of Facial Nerve Paralysis?

Unknown cause: Bell's Palsy

Infection: Herpes Zoster, Lyme disease, Syphilis, other viral

Vascular: Blood flow blockage to the nerve itself, stroke

Autoimmune disease/Inflammation/Swelling: Sarcoidosis

Trauma/Tumors: Neuroma (Benign nerve tumor), Brain tumor, Skull fracture



How is Facial Nerve Paralysis diagnosed?

The condition is diagnosed by careful examination of your face looking for weakness and asymmetry. In some cases, blood tests and imaging of your head may be ordered by your doctor to help narrow the possible causes of your facial paralysis. Other specialists may be involved to help find the cause of your paralysis or to assist in your care.

How is Facial Nerve Paralysis treated?

The treatment is usually non-surgical. A short course of oral steroids may be prescribed in an attempt to shorten the duration of the paralysis. The optimal timing to begin oral steroids is within 72 hours of the onset of the paralysis. Antiviral medicines may also be used with the steroids, but it is unclear if there is significant added benefit. Sometimes observation alone without any therapy is recommended.

Alternative treatments include electronic nerve stimulation where an electrical current is produced by a device to stimulate the facial nerve for muscle movement; hyperbaric therapy which administers high levels of oxygen; or acupuncture. In some instances, surgery is offered for complete paralysis. There is conflicting evidence about how well some of these treatments work. Talk with your doctor about risks and potential side effects with any treatment.

If you are unable to completely close your eye, your doctor may send you to see an ophthalmologist (eye specialist). You will need to protect your eye, if you cannot close it. The cornea (*clear covering over your eye*) may become dry and can be damaged. Artificial tears, eye lubricants, moisture chambers and taping the eye shut at night may be necessary.

Prognosis:

Recovery is variable. Even without any treatment upwards of 80% of people fully recover and 94% have partial recovery, but predicting the outcome is impossible. Most people improve within 3 weeks of when the symptoms begin but others may continue to improve over 3 to 6 months. A small number of people have moderate to severe weakness that is permanent.

TREATMENT:

You have been offered oral steroids to treat the facial paralysis. Prior to beginning high dose oral steroids, you should understand that there are risks associated with this medical care.

Common risks/side effects include: insomnia, dizziness, weight gain, increased appetite, increased sweating, gastritis/reflux, mood changes, light sensitivity, high blood sugar, and failure to improve/respond.

SEVERE BUT RARE side effects to oral steroids include pancreatitis, gastro-intestinal bleeding, hypertension/high blood pressure, cataracts, muscle pains and weakness, opportunistic infections, fractures, avascular necrosis of the hip and shoulder joints, psychosis (hallucinations), and diabetic coma.

Diabetics will need close monitoring of your blood sugars and you may even need to go on insulin during steroid treatment. Arrange follow-up with your primary care doctor to ensure appropriate monitoring of your blood sugars.

Increased thirst, frequent drinking, frequent urination, blurred vision and confusion are all signs of concerning increased blood sugar levels and would require that your blood sugars be tested.

If you begin to have hip or shoulder pains you will need to alert us immediately so that we can determine if you are having a rare but serious problem called Avascular Necrosis.

If you begin to have hallucinations, problems thinking or confusion you could be experiencing a steroid induced psychosis. You will need to alert us immediately so that we can taper you safely off of the medications.

If you suddenly stop your steroids in mid-therapy, you are at risk for a condition called adrenal insufficiency. This is where your own body's source of steroids is no longer produced and puts you at risk for weakness, low blood pressure, low blood sugar, cardiac collapse and coma.

Many people have increased problems with heartburn and reflux, and may need antacids while taking steroids.

Eye protection is necessary if you cannot close your eye completely. This involves applying lubricants and ointments to the eye and keeping it closed at night with tape or wearing an eye moisture chamber.

By signing below, I indicate that I have read and understand the above information related to the risks, benefits, and alternatives to the therapy offered to me for the treatment of facial nerve palsy. I have had all of my questions answered.

Patient Signature

Date
