# Emergency Department Patient Information Sheets

NHS Worcestershire Acute Hospitals NHS Trust

## Facial Nerve Palsy / Bell's Palsy

### What is facial palsy?

Facial palsy is a loss of facial movement caused by certain conditions that affect the normal function of the facial nerve (the nerve that controls the muscles in the face). Your facial muscles may appear to droop, or become weak or even completely paralysed. It can happen on one or both sides of your face.

### How do the facial nerves work?

Each side of the face has its own facial nerve, so if the left facial nerve stops functioning normally, this will only affect the left side of the face, and vice versa. Each nerve starts at the brain and enters the face to the front of the ear where it then divides into five separate branches. These branches supply the muscles which are used for facial expression. Tears, saliva production and taste are also controlled by the facial nerves.

### What causes facial palsy?

The most common cause of facial palsy is Bell's palsy (facial palsy where the cause is not known), accounting for approximately 80 per cent of all cases (see below).

Other less common causes of facial palsy include infections, for example:

• Ramsay Hunt syndrome (a complication of the shingles virus)

• Lyme disease (a bacterial infection spread to humans by infected ticks)

Rarer causes include pressure on, or damage to the nerve as passes from the brain to the face.

### Symptoms of Facial Nerve palsy

Symptoms of facial nerve palsy include:

- weakness on 1 side of your face, or not being able to move 1 side of your face – this usually happens over a few days
- a drooping eyelid or corner of your mouth
- drooling
- a dry mouth
- loss of taste
- a dry or watering eye
- You may also find it difficult to close the eye on the weak side of your face.

### What is Bell's palsy?

The nerve that controls your facial muscles passes through a narrow corridor of bone on its way to your face. In Bell's palsy, this nerve becomes inflamed and swollen. The exact cause of this is unknown. However, many medical researchers believe it's most likely triggered by a viral infection, such as the herpes virus.

Bell's palsy usually starts quickly over a day or two. Sometimes people experience an earache or feel run down before the facial weakness starts. The facial weakness may get worse for up to a week.

## Treatment for Facial nerve palsy

The treatment in the emergency department for facial nerve palsy is directed at the most likely cause, which is **Bell's Palsy**. For this treatment to be effective it needs to be started within 72hrs of onset of symptoms. The treatment is aimed at reducing any inflammation and treating any potential viral infection and preventing complications:

- Steroid – a 10-day course of steroid (prednisolone) is likely to be prescribed.
- Antiviral with steroid – a course of acyclovir might be prescribed along with a steroid
- Eye drops and ointment - to stop your eye drying out, sometimes tape is used as well, especially at night. Sun glasses might be helpful. If you cannot close your eye, you may need treatment to prevent damage to your vision.

When your face is not working as it should, it is very tempting to try and force the muscles back to work by doing facial exercises. Never attempt to carry out exercises without professional help (physiotherapists) as you may do more harm than good. Most people want to do something but trying too hard may lead to problems later on in your recovery. There is evidence to suggest that exercising the facial muscles too forcefully can lead to a miswiring of the nerves as they recover, leading to longer term complications known as synkinesis. It may also encourage the unaffected side to become even stronger because of forcing or exaggerating facial movements. Gentle facial massage is preferable to forceful exercises, using the pads of your fingers gently massage the brow, temples, cheek, chin and neck.

## Recovering from Bell's palsy

70 per cent of people with Bell's palsy make a full recovery. Improvement can occur as early as two to three weeks from onset; however, a full recovery can take anywhere from three to six months and beyond. See your GP if your symptoms are not getting better after 3 weeks.

Some people can have permanent facial weakness and symptoms such as:

- pain in their face, around the jaw and behind the ear
- a constantly watering eye
- difficulty eating and drinking
- changes in their sense of taste
- difficulty with loud sounds
- Living with Bell's palsy can make you feel depressed, stressed or anxious. Speak to a GP if it's affecting your mental health.

You'll usually only get Bell's palsy once, but rarely it can come back, sometimes years later.

## Further information:

Facial Palsy UK https://www.facialpalsy.org.uk/

General Advice

Eye Care Advice

Acknowledgements: https://www.nhs.uk/conditions/bells-palsy/ , University Hospital Southampton, Facial Palsy UK

**If you need further advice, please contact the Emergency Department – details below**

**Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

**Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

**Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

**How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net**

**Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.

## For additional medical advice, if your symptoms or condition worsens:

Contact your GP

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| NHS 111: | Telephone 111 |
| Get help with your symptoms, NHS111: | https://111.nhs.uk/ |
| Information to help you manage your health: | www.nhs.uk |

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743