INITIAL FACIAL PARALYSIS EVALUATION

Evaluation is a history and physical examination within 72 hours of onset can identify identifiable causes and treat them.

Patients

- Signs of stroke (e.g., “numbness tingling” in the face and tongue)
- Physical exam presentation
- Brain tumor or mass lesion
- Facial or neck mass
- Digital (see origin)

Recommend against diagnostic imaging for suspected Bell’s palsy

Recommend against laboratory testing for suspected Bell’s palsy

Exclusion for the above clinical features in 7 days, 30 years, and 60 years of age

Evaluate for Impaired Eye Closure

Evaluate for Protection for Impaired Eye Closure

Evaluate for Synkinesis Evaluation

SYNKINESIS EVALUATION AND TREATMENT

Synkinesis is involuntary movements in one region of the face produced during voluntary or spasmodic movement in another region of the face.

EVALUATION OF SYNKINESIS

- Occurs in cases of delayed recovery after peripheral facial nerve injury
- Paresis may describe facial tightness, pain, spasm, or uncoordinated muscle movement
- Develops 6 months after onset of paralysis or later

WHO TO DO BEFORE SYNKINESIS DEVELOPS

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

TREATMENT OF SYNKINESIS

- Facial retraining may improve expression through muscle coordination
- Botulinum toxin has been shown to temporarily improve muscle coordination
- Facial retraining may improve expression through muscle coordination
- Specialized care

University Hospital Facial Nerve Clinic (608) 263-6190

For more information, visit uwhealth.org/facialnerve

EYE CARE FOR FACIAL PARALYSIS

PROTECTION FOR IMPAIRED EYE CLOSURE

- Early referral to an eye doctor: uwhealth.org/eyes
- Use of ophthalmic ointments
- Frequent use of lubricating ophthalmic drops such as “artificial tears”
- Frequency of bilateral synergistic atrophy
- Lack of voluntary or spontaneous movement in another region of the face
- Squeezing side of eye (bell stretching)

For patients with “complete” paresis, consider early referral for temporary surgical closure.

REFERRAL PHONE NUMBERS

Referral to Oculoplastic Surgery: (608) 265-7790
Referral to Ophthalmology: (608) 263-7171
Referral to Otolaryngology: (608) 263-6190
Referral to Neurology: (608) 263-5442
Referral to Neurosurgery: (608) 263-7502
Referral to Neurology: (608) 263-6190
Referral to Head and Neck Surgery: (608) 263-6190
Referral to Otolaryngology: (608) 263-7171
Referral to Neurology: (608) 263-5442
Referral to Neurosurgery: (608) 263-7502
Referral to Ophthalmology: (608) 263-7171
Referral to Otolaryngology: (608) 263-6190