

Facial Palsy Information for Parents and Carers



Children's Health Ireland
at Temple Street

What does facial palsy mean?

Facial Palsy is a weakness of the facial muscles which can be due to temporary or permanent damage to the facial nerve. When the facial nerve is damaged, the muscles in the face do not receive the necessary signals in order to work properly. This can affect movement of the eye(s) and/or the mouth, as well as other areas of the face.

This inability to move is called paralysis. Sometimes, only the lower half of the face is affected. Sometimes, one whole side of the face is affected and in some cases both sides of the face are affected.

How does the facial nerve work?

There is a facial nerve on each side of the face. Damage to the nerve can occur in the brain or along the pathway of the nerve. Each nerve leaves the brain through a tiny channel in the skull and enters the face in front of the ear. The photograph below shows the five branches coming out in front of the ear and going to the muscles in the forehead, eye and cheek, lips, chin and neck. These branches are responsible for the following facial movements:

- Frowning
- Raising the eyebrows
- Closing the eye
- Wrinkling the nose
- Moving the lips
- Smiling
- Pulling jaw and corners of mouth down gently



The facial nerve is also responsible for producing tears and saliva and taste for part of the tongue.

Causes of Facial Palsy

Facial palsy can have a number of different causes. It may be congenital which means you were born with it. It can also happen as a result of an infection, an accident or following surgery / other treatments. The reason for your child's facial palsy will be discussed with you at the Facial Palsy clinic.

My child has facial palsy because:

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Facial Palsy Symptoms: What happens once the facial nerve is damaged?

There are many symptoms of facial palsy and they vary from person to person. Symptoms will depend on the cause of your child's facial palsy and the specific branches affected. Symptoms can occur suddenly, appearing overnight, or may appear over a few days. Others may develop slowly over weeks or months. Symptoms may either improve or worsen over time, depending on the type of facial nerve damage and the cause of your child's facial palsy.

Some types of facial palsy will affect sensation including pain, as well as facial movement. This may mean that the nerve which is responsible for sensation, the trigeminal nerve, has been damaged as well as the facial nerve. Loss of sensation may mean your child cannot feel their face when it is touched. When facial palsy first occurs, the affected side(s) of your child's face may feel and look floppy as there are no nerve signals telling the muscles to move.

How does facial palsy affect the facial muscles and functions of the face?

Forehead:

- Unable to frown

Eye area:

- Unable to raise eyebrow
- Unable to close the eye fully or blink
- May have a watery eye or dry eye
- Drooping of the lower eyelid which may make the eye appear wider
- Pain in the eye
- Difficulty with bright lights
- Soreness or redness of the white of the eye

Mouth:

- Corner of the mouth pulls down/droops
- Unable to smile on affected side
- Inability to puff up your cheeks, whistle or blow
- Altered taste, things taste different
- Tingling of the affected half of the tongue
- Difficulty eating and drinking
- Difficulty brushing your teeth and spitting out
- Drooling from the weak corner of your mouth
- Too much or not enough saliva (dry mouth)
- Difficulty speaking because of weakness in lips and cheek

Nose:

- Difficulty in breathing
- Unable to flare nostril
- Unable to wrinkle nose

Ear(s):

- Pain in or near the ear
- Hearing loss
- Sounds may be louder on the affected side

Your child's symptoms of facial palsy are:

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Other team members you may need to see when you have facial palsy:

- Physiotherapist
- Ear Nose and Throat (ENT) Surgeon
- Ophthalmologist (Eye Specialist)
- Paediatrician
- Neurologist
- Geneticist
- Psychologist
- Speech & Language Therapist
- Paediatric Dentist
- Occupational Therapist
- Social Worker
- Clinical Photographer

Your child also needs to see:
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Treatment Options: What can be done to help?

There are a wide range of treatments available for children with facial palsy and these will be discussed with you in detail. The options include:

Conservative (doing nothing) - watching and waiting to see if the nerve recovers by itself.

Facial exercise programme from a physiotherapist.
To prevent further problems, it is very important to look after the parts of your face which are affected.

Eye care: if they are unable to blink, produce tears or close their eye fully, your child's eye is at risk of becoming dry and damaged, which could affect their vision and lead to permanent damage. If your Ophthalmologist (Eye Specialist) prescribes ointment or drops it is very important to use them



exactly as prescribed. Sometimes they may advise you to tape your child's eye closed at night or have surgery to their eye. Regular eye check-ups are very important.

Mouth care: if food gets trapped in the affected side of your child's mouth, their gums and teeth are at risk of decay. If their mouth feels dry, talk to your Dentist, GP or Pharmacist about products that may help this feeling. Regular check-ups with your Dentist are very important.

Facial exercise and massage: your physiotherapist will discuss this with you.

My child's treatment plan is:
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Surgery options

There are a number of surgical treatment options for children with facial palsy. These are specific to the cause and extent of the palsy. These options range from procedures to lift the 'drooping' face to complicated nerve and muscle transfers to (bring back movement, usually to produce a smile. Nerve transfers and muscle transfers will be discussed with you in detail if it is suitable for your child.

What can I expect if my child's facial palsy recovers?

- Muscles in some areas begin to work again earlier than other areas.
- Your child's eye may seem smaller and the corner of the mouth may seem raised on the affected side
- Your child's cheek may feel tight and stiff
- The cheek branches of the nerve tend to recover first.
- The forehead and chin branches of the nerve take longer to get working again.

As the nerve recovers, your child can help get balance back in their face with lots of slow, careful exercises in front of the mirror. This should be done under guidance from a Physiotherapist or Speech and Language Therapist.



What is synkinesis?

Synkinesis means 'movement together' and can occur in the later stages of recovery and means that different parts of the face move together outside your control. This happens as the nerves recover, because if one branch of the nerve is activated all the others join in to try and help, for example you want to smile and the eye closes at the same time.

Synkinesis will improve as recovery continues, and you can help by getting into the habit of stopping the movements from happening. Your physiotherapist will advise you how to achieve this.

Synkinesis also means some facial muscles act against each other in a 'tug of war' which can stop parts of the face from moving, even though the nerve has recovered.

If your child puts too much effort into a facial movement, it can stimulate all the nerves and you will get unwanted activity in other areas. This is why facial exercises have to be slow, gentle and careful and performed exactly as shown by your physiotherapist.

Contact Details:

If you have any questions about your appointment please contact:

Craniofacial Office

Tel: 01 878 4883

Email: facialpalsy@cuh.ie

Craniofacial Nurse Specialist:

Tel: 01 878 4200 Bleep 711 or 01 892 1782

craniofacialCNS@cuh.ie

Craniofacial Clinical Services Coordinator:

Tel: 01 878 4441 Bleep 788

craniofacialco-ordinator@cuh.ie

Physiotherapist:

01 878 4200 Bleep 703 or 01 878 4563

Main Hospital Number 01 878 4200

Useful Websites:

www.fts-uk.org

www.facialpalsy.org.uk

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