

BELL'S PALSY (Facial Paralysis)

Bell's Palsy is the term used to describe the development of sudden, paralysis of the face, usually over a few days. It is thought to be VIRAL in etiology, but other causes do occur.

Your team at Nashville ENT and Allergy Clinic will determine the severity of the paralysis and the likely cause. This means we need to obtain a focused history, a thorough ENT and head and neck examination, electrical testing of the muscle function, as well as audiometric testing. Often special imaging such as an MRI scan or CT scan of the head and facial nerve will be ordered. If the evaluation is consistent with Bell's Palsy, you will be given steroid medication to reduce swelling in the facial nerve and instruction regarding facial muscle therapy and eye care.

Other causes of facial paralysis include a brain stroke, infection in the mastoid bone, shingles virus (Ramsey Hunt Syndrome), tumors, and/or trauma. Depending on the cause, other treatments including surgeries may be recommended to handle the underlying cause of the paralysis.

One of Dr. Schwaber's career interests has been the rehabilitation of patients with residual paralysis of the facial nerve. There are a variety of treatments available including electrical stimulation therapy and surgical improvement of eye closure. The eye procedures actually involve the implantation of a gold weight into the upper lid with a canthoplasty or tightening of the lower lid to improve the appearance and function of the eye closure.

Two specific procedures are recommended to restore lower facial movement and symmetry.

The first, a masseter nerve transfer, is performed under general anesthesia as an outpatient in the Surgicare surgery center. This procedure is used when the muscle function to the lower face is weak and consists of implanting a nearby nerve into the side of the facial nerve to "supercharge" or increase its function. The result of this procedure is increased lower facial function to balance out your appearance. This is often helpful when there has been incomplete recovery of function after a stroke or after an episode of Bell's palsy.

The second procedure that we recommend is an orthodromic transfer of the tendon of the temporalis muscle, meaning we attach a tendon from the end of the chewing muscle down to the corner of the mouth. This approach is chosen when the paralysis is severe and the facial nerve has been removed as part of a tumor operation. This procedure also balances out the appearance at rest and provides enough movement that patients are satisfied and much less conscientious about their appearance.

During your consultation, photographs will be made to document your progress.