

So you've got Bell's Palsy

What is Bell's Palsy?

Bell's Palsy is a facial paralysis. This means muscles on one side of your face are temporarily (most often) paralysed to various degrees.

This happens because the nerves supplying muscles are interrupted in some way. Facial nerves direct the muscles that control blinking and eye closing, smiling and frowning. In addition to controlling facial muscles the many individual facial nerve fibres control tears, sweat and saliva glands causing dry skin, dry eyes and dry mouth.

Bell's Palsy is NOT a form of stroke.

A diagnosis of Bell's Palsy is made based on clinical presentation (your practitioners examination) and by ruling out other possible causes of facial paralysis such as stroke. There is no specific laboratory test to confirm diagnosis of the disorder.

A test called electromyography (EMG) can confirm the presence of nerve damage and determine the severity and the extent of nerve involvement. This is usually not required in the Emergency Department. Blood tests can sometimes be helpful in diagnosing other concurrent problems such as diabetes and certain infections. Other tests such as CT scan or MRI would only be done if indicated by the clinicians findings.

How will I feel?

What you feel can vary from mild weakness to total paralysis. Symptoms may include twitching, weakness, or paralysis on one or rarely both sides of the face. Other symptoms may include drooping of the eyelid and corner of the mouth, drooling, dryness of the eye or mouth, impairment of taste, and excessive tearing in one eye.

Most often these symptoms, which usually begin suddenly and reach their peak within 48 hours, lead to significant facial distortion.

Other symptoms may include pain or discomfort around the jaw and behind the ear, ringing in one or both ears, headache, loss of taste, hypersensitivity to sound on the affected side, impaired speech, dizziness, and difficulty eating and drinking.

Why did I get it?

Bell's Palsy occurs when the nerve that controls the facial muscles is swollen, inflamed, or compressed, resulting in facial weakness or paralysis. Exactly what causes this damage, however, is unknown.

Most scientists believe that a viral infection causes the disorder. They believe that the facial nerve swells and becomes inflamed in reaction to the infection, causing pressure within the facial canal and leading to ischemia (the restriction of blood and oxygen to the nerve cells). In milder cases less of the nerve is involved.

The disorder has also been associated with influenza or a flu-like illness, headaches, chronic middle ear infection, high blood pressure, diabetes, sarcoidosis, tumours, Lyme disease, and trauma such as skull fracture or facial injury.

Often we simply do not know why you got it.

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How can it be treated?

Treatment is individualised depending on other problems you have and any identified causes. Steroids such as prednisone and pain killers are the mainstay of treatment.

Another important factor in treatment is eye protection. Bell's Palsy can interrupt the eyelid's natural blinking ability, leaving the eye exposed to irritation and drying. Therefore, keeping the eye moist and protecting the eye from debris and injury, especially at night, is important. Lubricating eye drops, such as artificial tears (used hourly during the day) or eye ointments (used at night) or gels, and eye patches are also effective. If you develop eye pain consult your doctor immediately.

In some situations, your doctor may also prescribe you anti-viral medications. These are not always necessary as part of treatment, and will depend upon your particular situation.

Physical therapy to stimulate the facial nerve and help maintain muscle tone may be beneficial to some individuals. Facial massage and exercises may help prevent permanent contractures (shrinkage or shortening of muscles) of the paralysed muscles before recovery takes place. Moist heat applied to the affected side of the face may help reduce pain.

Other therapies that may work for some individuals include relaxation techniques, acupuncture, electrical stimulation, biofeedback training, and vitamin therapy (including vitamin B12, B6, and zinc).

Instructions:

Does it get better?

The prognosis for individuals with Bell's Palsy is generally very good. The extent of nerve damage determines the extent of recovery. Improvement is gradual and recovery times vary. With or without treatment, most individuals begin to get better within 2 weeks after the initial onset of symptoms and most recover completely, returning to normal function within 3 to 6 months. For some, however, the symptoms may last longer. In a few cases, the symptoms may never completely disappear. In rare cases, the disorder may recur, either on the same or the opposite side of the face.

Psychological stress

Despite the high likelihood of good or complete recovery from this condition, some patients find the diagnosis of Bell's palsy and facial paralysis very distressing. Experiencing stress, anxiety, depression and low self-esteem about this condition is not uncommon. It is important that you discuss your concerns or change in mood with your GP. There is help and support available to you and your family—you are not alone.

What happens next?

You will often be referred for follow up with your GP. Your doctor may also suggest follow up with a Neurologist.

Take your medications as prescribed and if your symptoms get worse or you feel unwell

Seeking help:



In a medical emergency go to your nearest emergency department or call 000.

