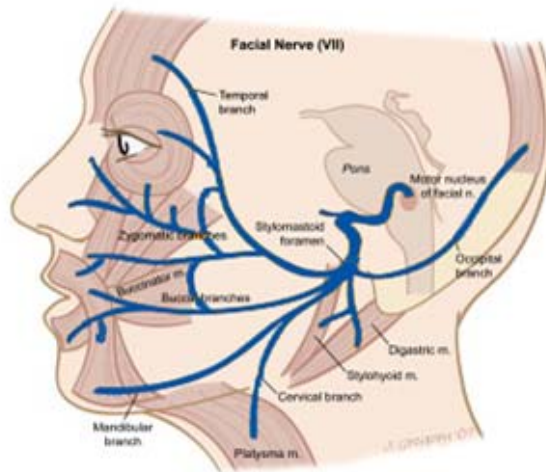


# Early management of post operative facial weakness – Right side affected

In order to move your face, messages are sent from your brain to your facial muscles via a nerve called the Facial Nerve. The right and left facial nerves connect from each side to your facial muscles. Messages sent down these nerves enable you to smile, frown, close your eyes and so on.



Ref: <http://origin-ars.els-cdn.com/content/image/1-s2.0-S1052514907001323-gr16.jpg>

During surgery, the facial nerve can be bruised, stretched or cut. When this happens the nerve will not send messages to the muscles properly. This can result in problems with facial movement such as a floppy cheek, droopy mouth or issues with eye closure.

Sometimes we do not know for certain whether the nerve is just bruised or whether it is more severely damaged. The length of time taken to show any signs of recovery will help us determine the extent of nerve damage. It can sometimes take a long time to establish whether or not the nerve will heal.

The key principles for early management of facial weakness are:

- 1) Aim for symmetry at rest
- 2) Mouth care
- 3) 'Normal' eating and talking
- 4) Eye care
- 5) Gentle stretches
- 6) Massage
- 7) Gentle exercises

The goals of this early management are to try to reduce the likelihood of developing longer term problems and to promote good conditions for nerve recovery.

## Aim for symmetry at rest

Try to relax the unaffected side of your face so the middle of your face isn't pulled across to the stronger side. It may be helpful to use a mirror to guide you.

## Mouth Care

If your cheek is floppy you may be at risk of biting your cheek or lip, or food getting caught near your gum. This can lead to infection if food residue is not properly cleared.

General advice for mouth care:

- Rinse your mouth out regularly with water or specified mouthwash if this has been prescribed.
- Brush your teeth after meals.
- If necessary, gently use your finger to hook out any food left behind after eating.

## Eating and Talking

You may find eating and talking more difficult if your cheek is floppy or your lips are weak on the affected side. Eating and talking as normally as possible is good exercise for your facial muscles and helps to promote recovery.

If eating and/or talking are a problem for you, the speech and language therapist may be able to offer specific advice. Ask any health professional about a referral.

Try to chew using both sides of the jaw (avoid just chewing on the one side). Normal use of the face where possible will help recovery. It may help to support your cheek when talking for example on the phone.

## Eye Care

**This is the most important part of the care advice.**

Closing your eyes and blinking helps keep the eye clean and moist to prevent damage. If your eye does not fully close, you may need specific care or treatment to ensure your eye remains healthy; especially to prevent damage at night. The appropriate treatment will be specified by your doctor.

Possible treatment options include:

- Taping the eyelid closed at night (see technique below).
- Eye drops.
- Moisture chamber over the eye.
- Eye patch.

You may be advised to use your finger to do a blink for the affected eye (See the 'Gentle Exercises' section of this booklet for instructions).

General advice for eye care:

- Wear sun glasses outdoors, even when it's not very sunny.

## Eye taping technique

Right



### Step 1

If your lower lid is dropped, use a small diagonal piece of soft micropore tape to support the lower lid and raise it up.

Right



### Step 2

Use the 'Manual Blink' instructions (on page 4) to lower your top lid and tape over vertically from top to bottom, keeping eyelashes clear of the eye.

There are variations on this technique and other suggestions may be more appropriate to you as an individual – seek advice from a health professional if you have concerns.

In some cases, there may be longer term options available to you, which can be discussed as appropriate with your Surgeon / Ophthalmologist.

## Gentle Stretches

Some muscles (particularly on the unaffected side, in this case on the left side) remain very active whilst the others are under active. The skin and other tissues can become short and tight. There are some stretches you can do to prevent this.

**If you have had eye surgery do not do this without confirming with your surgeon.**



**For tightness around the eye;**

- Use your fingertips to gently hold the eye closed
- Gently raise the eyebrow using the fingertips of the other hand, until you feel a stretch.
- This particular stretch is done on the affected (right) side.



**Stretch your nose** towards the weaker, affected side (right side).



**Stretch your lip** towards the weaker, affected side (right side).

Right



With your finger, sweep the **inside of your cheek**, back to front and top to bottom, beginning with the left side and repeat with the right side.

## Massage

When your facial muscles move, the overlying skin moves with them and this is how you feel or sense the movement. Most of the feeling in your face is supplied by a different nerve to the one that makes the muscles move. Sometimes this sensory nerve can also be affected. To help encourage your awareness of facial movement, when the movement itself is still recovering, it may be helpful to do some gentle massage.

**If you have had a nerve graft do not do this without confirming with your surgeon.**

Right



Use **gentle circular motions** with your fingertips at the front of your scalp (as if washing your hair). Work down towards your forehead, around your eyes, nose and mouth, down as far as your neck.



Use **gentle upwards stroking** movements on the weaker, **right side**.



Use **gentle downward stroking** movements on the unaffected, **left side**.

## Gentle Exercises

Exercises will not make the nerve recover quicker, but using any movement you have got, will help to prevent 'muscle wasting' which can contribute to the nerve-related facial weakness.

Any exercises need to be gentle, don't do exaggerated movements, just use your face as normally as possible. Try not to over-compensate with too much activity of the unaffected side. Use a mirror to keep aiming for symmetry. Hold each movement for one to three seconds then relax and repeat.





### **Manual Blink**

Look down, closing both eyes. Use your fingertip to glide down over the lid of the weaker, affected side to help it close fully.



### **Eyebrow raise**

Gently raise your eyebrows using your finger-tips to help the eyebrow on the weaker, affected side.



### **Corner of mouth**

Smile, using your fingertips to lift the corner of your mouth on the weaker, affected side.



### **Sniff**

Sniff and gently support the skin of your cheek so that your cheeks are even.

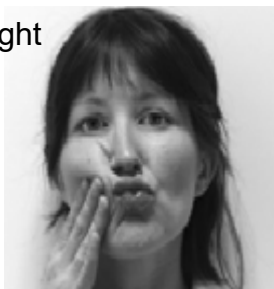
Right



### **Smile**

Spread your lips as if saying 'ee'.  
Gently pull the weaker side until it is even with the stronger side.

Right



### **Purse your lips:**

Gently push the weaker side until your mouth is even.

Do each of these exercises intermittently throughout your day. If you prefer, as a guide, you could repeat them five times in one go, three times a day.

## **Jaw exercises**

Sometimes, jaw opening can become restricted after surgery. This can lead to problems with being able to open your mouth enough to eat, speak, clean your mouth or be examined.

Be aware of how much your mouth can open. A good test of this is to see how many fingers you can place between your front teeth or gums.



Two fingers is a good “functional” range i.e. helps eating/drinking/tooth brushing. Three is the expected normal range.

Practice this every day until your treatment is fully complete. Aim for 10 repetitions of 10 seconds each, 10 times a day.

## Follow-up

Depending on the extent of the nerve injury and the expected recovery, physiotherapy follow up may be arranged for you. This will be discussed with you before discharge home from hospital.

In the case of mild nerve injury, where it is thought to be bruising only, you can expect things to return to normal within six to eight weeks. Use the care advice above during this time. If you have ongoing concerns after that time and have not been referred on for physiotherapy, please discuss onwards referral with your surgeon.

## Contact us

If you have any questions or concerns about your facial weakness or physiotherapy following your surgery, please contact:

- The **head and neck inpatient physiotherapist** on 020 7188 5110 / 5106, or via hospital switchboard on 02071887188 and ask for bleep 2136 or 0694.
- If you are known to the Community Head and Neck Team (CHANT), call the **CHANT physiotherapists** on 020 3049 2350.

Please leave a message if your call is not answered and someone will call you back. Opening hours are 8.30am to 4.45pm, Monday to Friday, (CHANT 9am to 5pm).

## Useful sources of information

[www.facialpalsy.org.uk](http://www.facialpalsy.org.uk)

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

### Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)

**e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)

**e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815 **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

**NHS Choices** – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

**Leaflet number: 4436/VER1**

Date published: July 2017

Review date: July 2020

© 2017 Guy's and St Thomas' NHS Foundation Trust