Bell’s palsy
Facial Palsy UK is a national charity for anyone affected by facial palsy, whatever the cause.

We have produced this guide to Bell's palsy to help explain the condition and how it affects people. Being diagnosed with Bell's palsy can be worrying and distressing, so it is important patients receive the right treatment, information and support.

Bell's palsy is the name for a specific type of facial paralysis. The facial nerve becomes inflamed, the nerve signal gets blocked and the facial nerve is then unable to send the signal to move the facial muscles.

Helpline
0300 030 9333
What are the symptoms?

Note that you may not experience all of the symptoms or all at the same time.

• A reduced ability or inability to raise the eyebrow is characteristic of Bell’s palsy, whereas a stroke typically leaves the forehead unaffected.

• Drooping face - usually one half of the face is affected. It may be completely paralysed, or only partly. Rarely are both sides affected.

• Difficulty closing the eye or blinking.

• Being unable to close the eye on the affected side can cause the eye to feel dry, or sometimes can cause the eye to water.

• Difficulty with eating, due to weakness of the lips and cheek on one side. Food may get trapped in some areas as a result, and this may cause dribbling.

• Having a sharp pain in or around the ear when the paralysis begins.

• Being unusually sensitive to loud noises.

• Changes to your sense of taste - some foods may have less or a different flavour.

• Difficulty with speaking clearly, particularly with pronouncing particular sounds and letters, such as ‘B’ and ‘P’.

• Streaming nostril on the affected side, due to loss of muscle control around nose.

What should I do?

Contact your GP, walk-in centre or GP on-call service as soon as possible.

Treatment works best if it is started within 72 hours of the symptoms starting.

“It got me down when I was first diagnosed, I had to use a straw and plenty of eye drops. I slowly started getting out more though and after five weeks things had really improved.”

Andy Kirk
How is it diagnosed?

Your GP or doctor will ask questions to find out more about your illness and will ask you to move your face in different ways to compare the movement on each side.

They may also suggest some of the following:

• Blood tests.
• Hearing tests.

They may refer you to have additional tests:

• Magnetic Resonance Imaging (MRI) or CT scan to rule out any other cause of your symptoms.
• Neurophysiology tests. These help specialists to work out how well your nerves and muscles are functioning.

"The emergency doctor sent me to my own GP who sent me to hospital. By the time I got steroids, it was over 72 hours."

Kay Turner

What is the treatment?

Prednisolone is a steroid usually prescribed for the treatment of Bell’s palsy and has been shown to reduce the severity of an attack.

Steroids need to be started within 72 hours of the symptoms beginning. It is also important to have plenty of rest, eat a balanced diet and drink plenty of fluids.

If you experience severe pain in or behind the ear, a rash affecting the ear, or a sore throat before the onset of facial weakness, this may be due to Ramsay Hunt syndrome. In this case it is important that you mention this to your doctor who may prescribe antiviral medications as well as steroid tablets.

Eye care

Eye care is really important, without it your eye will become dry and you risk damaging it. If you are finding it difficult to blink or close your eye, you should be given a prescription for eye drops to use in the day and ointment to use at night. If your eye does not close fully you may need to tape it closed at night.

Find out how to tape your eye closed here:
www.facialpalsy.org.uk/support/patient-guides/how-to-tape-eye-closed-adults/

General eye care information:
www.facialpalsy.org.uk/support/patient-guides/dry-eye-advice/
Bell's palsy is an idiopathic condition, which means that no definite cause has been found. It has not yet been possible to find out why the facial nerve becomes inflamed, but links have been made with viruses (including herpes, influenza and respiratory tract infections), stress, and times when the immune system is not as strong.

Pregnant women are at a higher risk of developing Bell's palsy than the non-pregnant population. Studies demonstrate that the majority of cases occur during the third trimester or within seven days of delivery.

Corticosteroids are considered safe for the management of many medical conditions during pregnancy so this option should always be considered by a health care professional aware of the patient’s complete medical history. This treatment is most effective if started within 72 hours.

How did I get this?

Bell’s palsy in pregnancy

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Is it infectious?

No, you cannot catch Bell's palsy from someone else.

Is it affected by diet?

There is no good evidence that diet plays a role.
How long will it be until I feel better?

This depends on how damaged the nerve is. If the damage is more severe, it will take longer to recover and the chance that your face will move, look and feel as it did before is reduced. Just over 70% of people make a full recovery from Bell’s palsy. Improvement can occur as early as two to three weeks from onset but full recovery can take from three to six months and beyond. It is normal for the symptoms to peak about five days in.

You may also struggle with the psychological impact of this condition. Many people find cognitive behavioural therapy, counselling or mindfulness helpful. Facial Palsy UK also run support groups throughout the country or you can access one-to-one support by phone or email.

Are there facial exercises that I can do?

In the early stages it is very important to rest your face – do not force any movements as this could do more harm than good.

Facial massage is the best thing to do. Self-help videos that show you how to do this can be found online at https://www.facialpalsy.org.uk/support/self-help-videos/.

See our video about understanding facial palsy.

Further treatment

If your eye still does not close properly after 2-3 weeks you should be referred to ophthalmology as prolonged drying of the eye can lead to permanent damage. If you are struggling to care for your eye with tape and eye drops then ask your GP to make an earlier referral.

You should be referred to a facial nerve specialist if there is any doubt about the diagnosis, or you have had*:

• No improvement after three weeks of treatment.
• Incomplete recovery three months after the onset of initial symptoms.

A facial nerve specialist could be a plastic surgeon, neurologist or ENT consultant. Ideally you should be referred to a specialist facial therapist as well. There are very few facial nerve specialists in the UK; if your GP is unsure where to refer you they can contact Facial Palsy UK.

Did you know that in many cases you have the legal right to choose where you have your NHS treatment?

Find out more about Patient Choice: www.nhs.uk/patientchoice

*Source: https://cks.nice.org.uk/bells-palsy
Long-term complications

Synkinesis
Synkinesis (pronounced syn-k-eye-nee-sis) means the development of linked or unwanted facial movements. It is common and occurs in the majority of people who are recovering from prolonged facial palsy.

What does synkinesis look and feel like?
Only the affected side of the face develops synkinesis. The areas that are normally most affected are the eye, cheek, chin and neck.

Synkinesis may show itself in various ways. The following are some examples of how synkinesis looks and feels:

• You may notice your eye narrows when you smile.
• Your cheek lifts when you close your eyes.
• You may notice your neck muscle tightens when you try to whistle.
• Facial twitching.
• Facial muscles may be tight, causing facial pain and occasionally headaches.
• Some people find when they eat their eye waters or their nose streams.

Muscles are mistakenly thought of as weak when actually they are tight or stiff and find it difficult to move.

What can improve synkinesis?
Ask your GP to refer you to a speech and language therapist or physiotherapist who has specialist knowledge in facial rehabilitation. Facial therapy is a specialism and not all therapists are trained in it.

Studies show that botulinum toxin injections\(^1\) can help with residual facial pain, spasms and involuntary facial movements. Referral would normally be to a consultant who specialises in facial palsy.

\(^1\) https://www.ncbi.nlm.nih.gov/pubmed/28688864

“Being cared for by a specialist multidisciplinary team has completely changed my life.”

Selma Abbey
When is it not Bell’s palsy?

It’s important to tell your doctor about any other symptoms you have even if they appear unrelated, such as:

- Rashes / insect bites on your body.
- Progressive hearing loss.
- Difficulties with balance/dizziness.
- Hoarseness/ difficulty swallowing.
- If your face has changed gradually over a period of weeks/months.
- Dental problems, sore mouth.
- Severe ear, face or head pain.
- Weakness in the limbs.

Two causes sometimes misdiagnosed as Bell’s palsy are:

**Ramsay Hunt syndrome** – pain will be more severe, typically on one side of the head. You may also suffer from dizziness/vertigo or tinnitus. You may have a rash or fluid-filled blisters in or around the ear, scalp or hairline and/or ulcers inside the mouth. Not everyone has a rash.

**Lyme disease** – Lyme disease is transmitted when someone is bitten by an infected tick. This can result in a pink/red expanding rash surrounding the bite area, usually greater than five centimetres in diameter. Sometimes the rash may be missed if it is under hair or similar to the normal skin colour. Early symptoms of Lyme disease are flu-like symptoms, joint pain or tiredness.

Report any other symptoms to your doctor.
Tips from others who have had Bell’s palsy

Bell’s palsy can come as a huge shock. You have to learn to adapt to an altered appearance. These are practical tips from people who have experienced Bell’s palsy:

- **Wear sunglasses** outside when windy, wet or cold to block out the wind but also the bright light.
- **Sand, glitter and smoke can all irritate your eye.** Do not go out without your eye drops.
- **Chewing and swallowing can be hard,** be prepared for food falling out of your mouth. Cut food into small pieces and buy some straws for drinks. Some people find eating from a small spoon helps. It can be helpful to avoid runny foods.
- **Try a heated pad** on the side that’s affected if you experience pain.
- **Keep up with good dental hygiene.** A children’s toothbrush is softer and smaller for the hard to reach teeth. Use salt water mouth washes if you develop mouth ulcers.
- **Car heaters, fans and air-conditioning** can all irritate the eye so avoid if possible.
- **Washing your hair may be difficult;** people manage this in different ways. Some use swimming goggles or a flannel to cover the affected eye. Some carefully angle the shower head to try and avoid the eye.
- **If your mouth feels sensitive,** have your drinks at room temperature or warm.
- **Take photos to track your progress;** you don’t need to share them. They are useful to look back on and see how things have improved.
- **Keep the face warm,** if it’s cold wear a scarf.
- **Keep socialising as much as you can.** It’s tempting to hide away. Remember that every person has a one in 60 lifetime chance of getting Bell’s palsy.
- **Try a ‘Claire’s card’ from Facial Palsy UK** to explain how Bell’s palsy affects you, it means you don’t have to repeat yourself every time.
- **Nasal dilators** can be helpful if the nostril is flaccid and you are struggling to breathe.
- **Dry mouth products** are available which may help if your saliva production is reduced.
- **Rest is really important.**
Facial Palsy UK services

Helpline: 0300 030 9333
Email: support@facialpalsy.org.uk
Website: www.facialpalsy.org.uk

Further information is available on the website for people with facial palsy and health professionals. This includes personal stories, information about support groups, raising awareness and research.

Facial palsy support groups

Facial Palsy UK operate local support groups for adults affected by facial paralysis. You can find your nearest support group on our website:

http://www.facialpalsy.org.uk/local-groups/

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We need your help to raise awareness about facial palsy, fund research into its causes and treatments and support people living with facial paralysis and their families. To make a difference donate online at:

www.facialpalsy.org.uk/donate

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