Facial Palsy Pathway

Speakers:

Dr Colin Leonard, Dr Benjamin Kennedy and Janet Robb

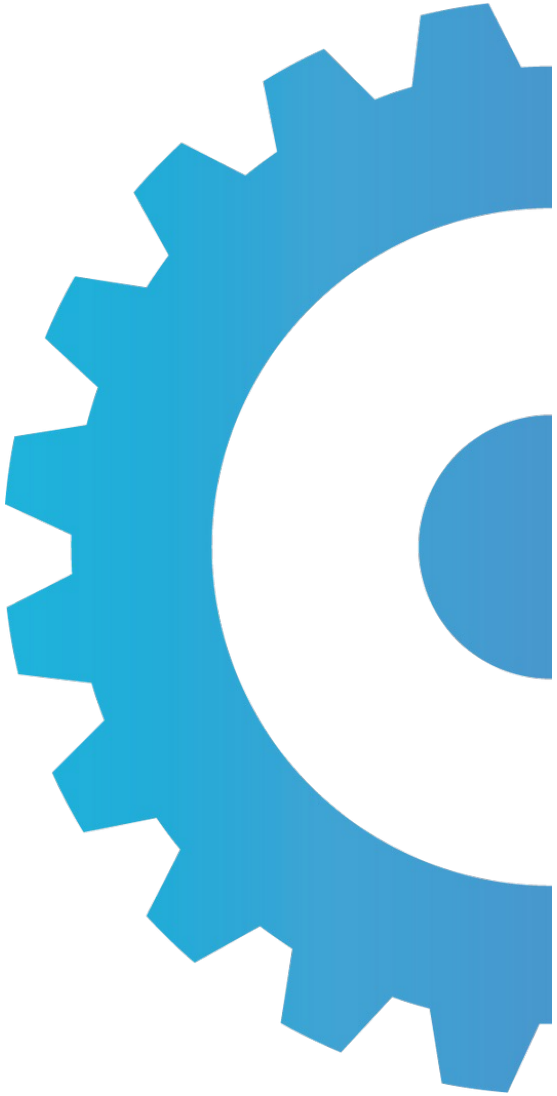
Thursday 18 September 2025



Working together Excellence Openness & Honesty Compassion

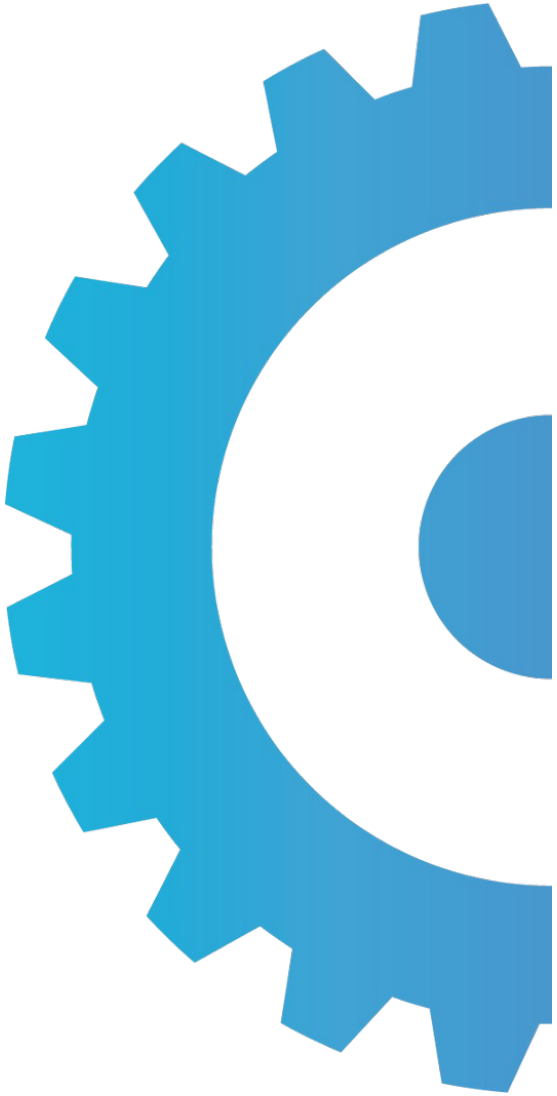
Welcome

Dr Colin Leonard



Janet Robb

Service User and Patient Advocate





Hello, I'm **Janet Robb**

Background

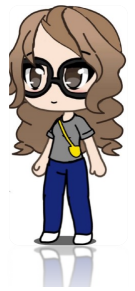
- 49 years old
- I live in Belfast. We have no FP services in Northern Ireland.
- I have had FP for 13 years.

My paid Job

I am a Director of Customer Enablement for ANS group based in Manchester – large technology company.

My unpaid job

- I run the FP support group in NI: 300 members.
- I am the patient representative for FPUK.
- I campaign for FP services in NI and education of medical professionals.



Classification: Public

How did I come to have my Facial Palsy?



Seattle

June 2013

Classification: Public

“You have a simple Bell's Palsy.”



Diagnosis: Virus & Bell's Palsy





My Symptoms

- Right sided FP
- Unable to use my right arm or leg
- Severe headache
- Memory loss
- Aphasia gasping for air
- Sweating
- Joint pain
- Extreme tiredness

Classification: Public

Diagnosis is Key!

NEW Diagnosis: Lyme Disease











If I had been diagnosed correctly, I would have never lost the function in my face.

But now I need a lifetime of treatment:

- Botox
- Physio
- speech therapy
- psychological support
- Surgery
- Ophthalmology
- Operations
- and more.

All of which we presently have no service for in NI. We need to get people to right place in a timely manner for help. For those that are left with FP we need to treat the condition and the person.

Classification: Public

How many ways can you come to a Facial Palsy?

A 62

Non syndromic	• Isolated congenital facial palsy • Asymmetric crying facies (ACF)
Syndromic	• Moebius syndrome • Hemifacial microsomia • Goldenhar syndrome • Branchial arch syndrome • CHARGE syndrome • Branchio-oto-renal syndrome (BOR) • Myhre syndrome (some children with this syndrome also have facial palsy)
Trauma	• Trauma to nerve at birth
Acquired Idiopathic	• Bell's palsy
Infection affecting nerve directly	• Ramsay Hunt syndrome • Lyme disease • Meningitis/encephalitis • Poliomyelitis • Syphilis • Leprosy
Compression of nerve Tumours	• Tumours around origin of facial nerve, e.g. Vestibular schwannoma (also known as acoustic neuroma), Brainstem tumour, Meningioma, Metastatic lesions. • Cholesteatoma • Endolymphatic sac tumour • Facial nerve tumour (facial nerve neuroma/schwannoma) • Invasive skin tumour, e.g. Squamous cell carcinoma. • Neurofibromatosis type 2 (NF2) • Paraganglioma • Parotid tumour (salivary gland), e.g. pleomorphic adenoma. • Pilocytic astrocytoma • Posterior fossa syndrome • Rhabdomyosarcoma • Teratoma
Others	• Acute porphyria • Amyloidosis • Lattice corneal dystrophy type II

Vascular masses	• Arteriovenous malformation • Carotid artery aneurysm • Cavernoma • Collection of blood (haematoma) • Glomus jugulare tumour • Haemangioma • Temporal arteritis
Swelling from infection	• Otitis media and otitis externa • Mastoiditis
Bony masses	• Osteopetrosis
Others	• Barotrauma (diving and flying) • Melkersson-Rosenthal syndrome
Muscular dystrophies	• Facioscapulohumeral MD • Myotonic dystrophy
Stroke	• Stroke
Part of generalised neurological problem	• Brown-Vialetto-Van Laere syndrome (BVVL) • Charcot Marie Tooth disease • Guillain-Barré syndrome • Miller-Fisher syndrome • Multiple sclerosis • Neuralgic amyotrophy
Trauma to nerve	• Trauma to nerve at birth • Head injury • Stab wounds • Temporal bone fractures • Injury during surgery
Autoimmune	• Sarcoidosis • Myasthenia gravis

Classification: Public

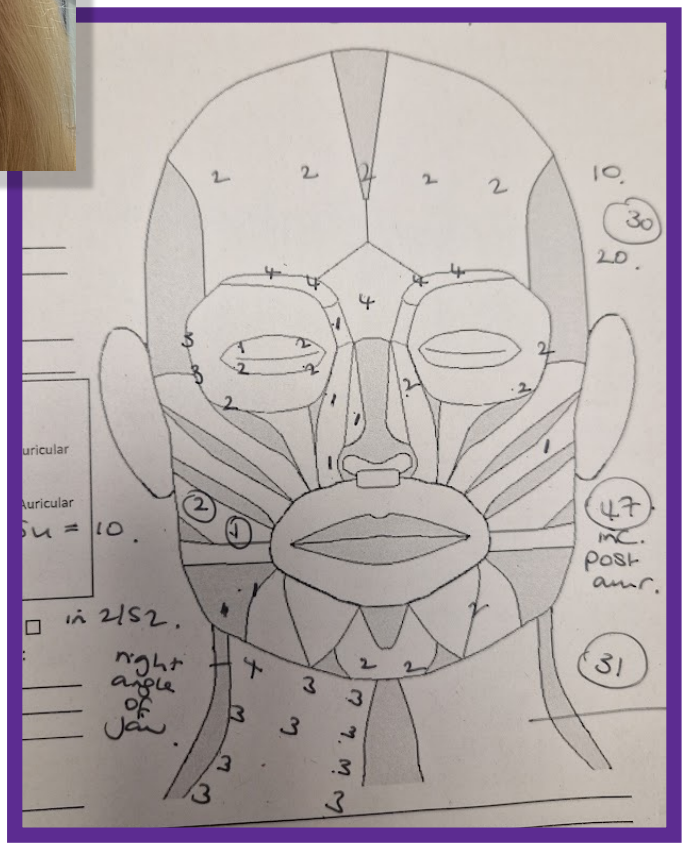
Synkinesis

Synkinesis can significantly affect quality of life, leading to:

- **Facial discomfort and asymmetry**
- **Visual impairment** due to eyelid spasms
- **Psychological distress**







<u>Treatment options include</u>:

- **Facial neuromuscular retraining:** Specialised physiotherapy to improve muscle control and symmetry.
- **Botulinum toxin (Botox) injections:** Temporarily reduce unwanted muscle activity; typically repeated every 3 months.
- **Surgical procedures:** Such as selective neurectomy or myectomy, for more permanent relief in severe cases.

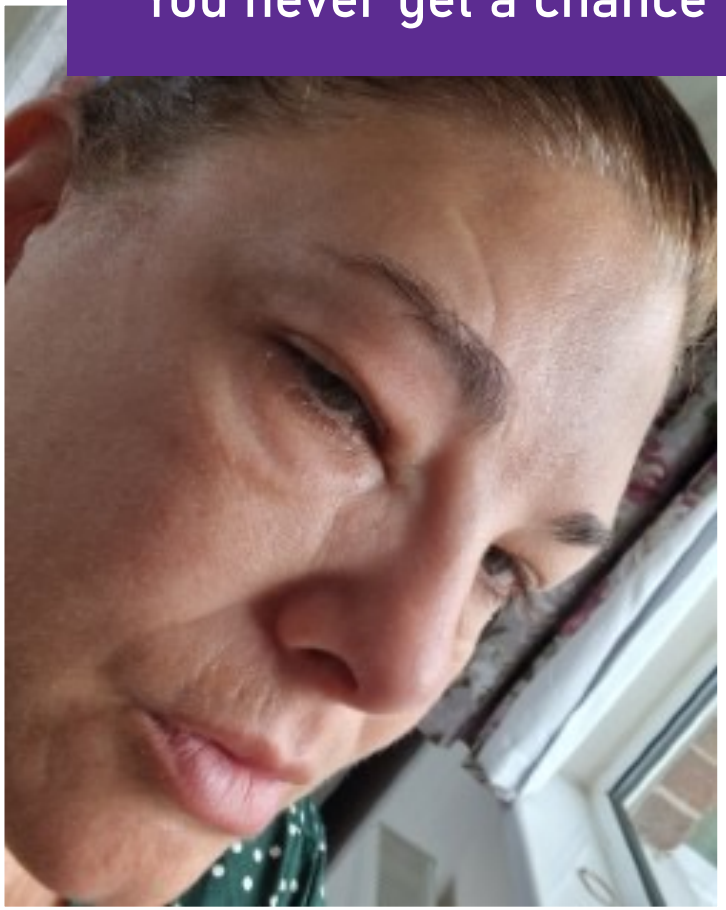
Classification: Public

Each day your face can change.

Jan
2024

You never get a chance to get used to who you are.





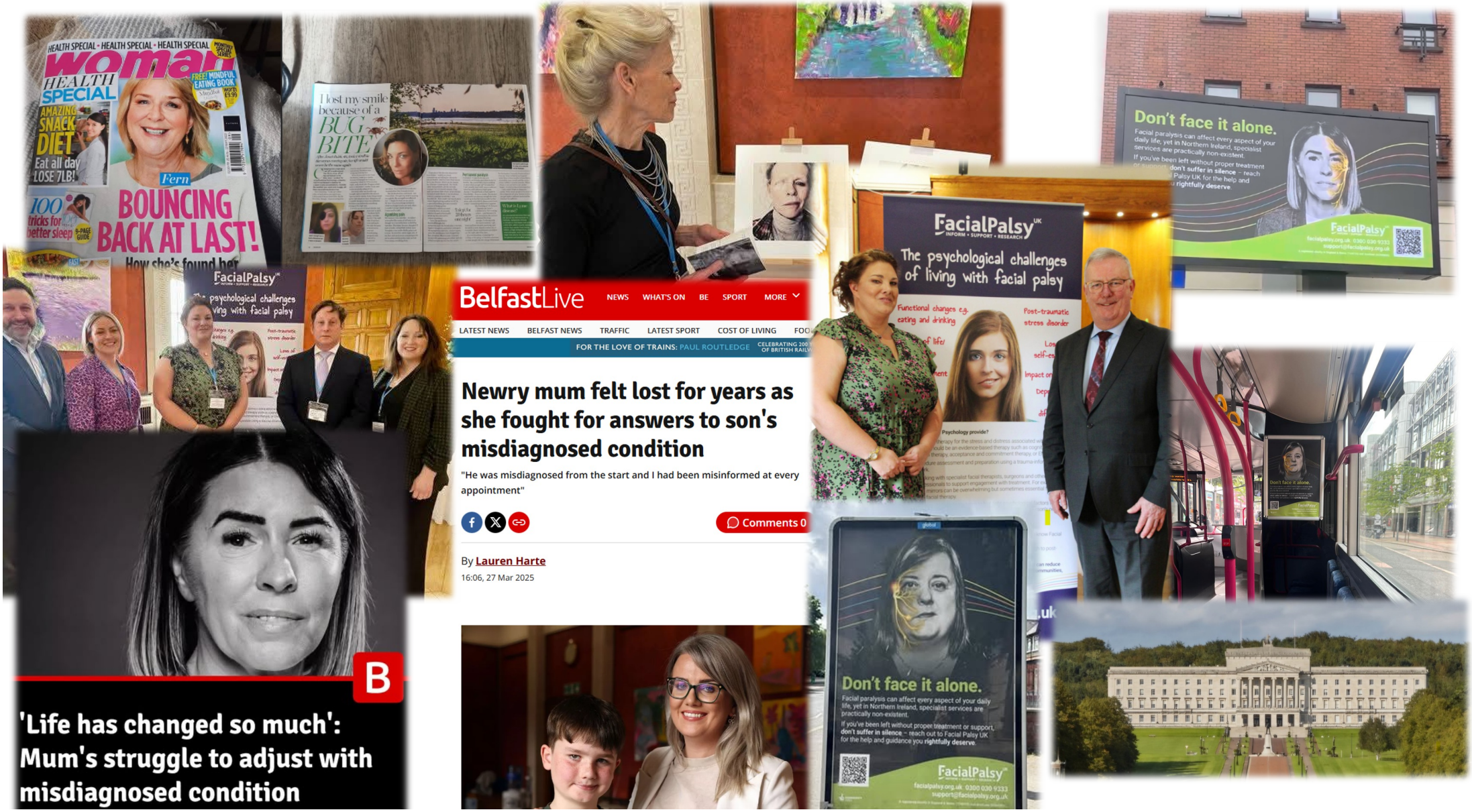


What is it like to have Facial Palsy? *(my own list)*

1. Symmetry or lack of it. We need facial symmetry
2. Can't close your eye
3. Eyes cry when you eat, get excited, go for a walk
4. Eye dry's out in wind, central heating and sleeping
5. You're not the person you used to be, and you don't know who you are becoming. It can be hard to like this person.
6. Mentally its hard, cameras, video calls, life recorded in real time with play back functions
7. People ask you about it all the time and no it doesn't feel like you have just been to the dentist
8. Nerve pain, spasms, server tightness
9. When it's cold your face wont move
10. People look at you strangely & can say dumb things
11. Can't Smile
12. Eye is different size than the other
13. Can't communicate with facial expressions
14. Can't speak clearly , face tires quickly
15. Lose all your confidence and start thinking

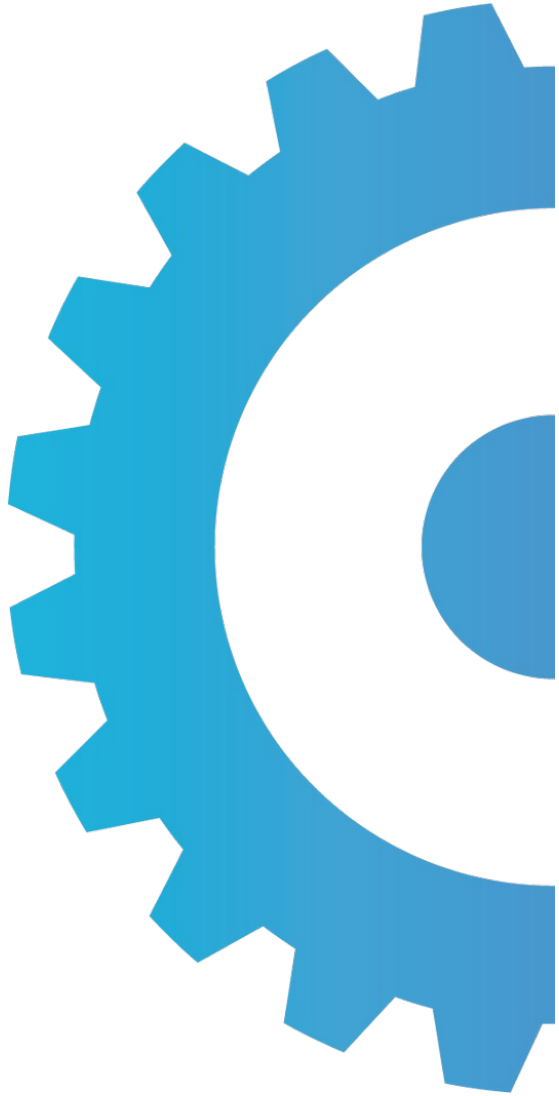
It never gets better but it can get worse…
<u>without help</u>

Classification: Public

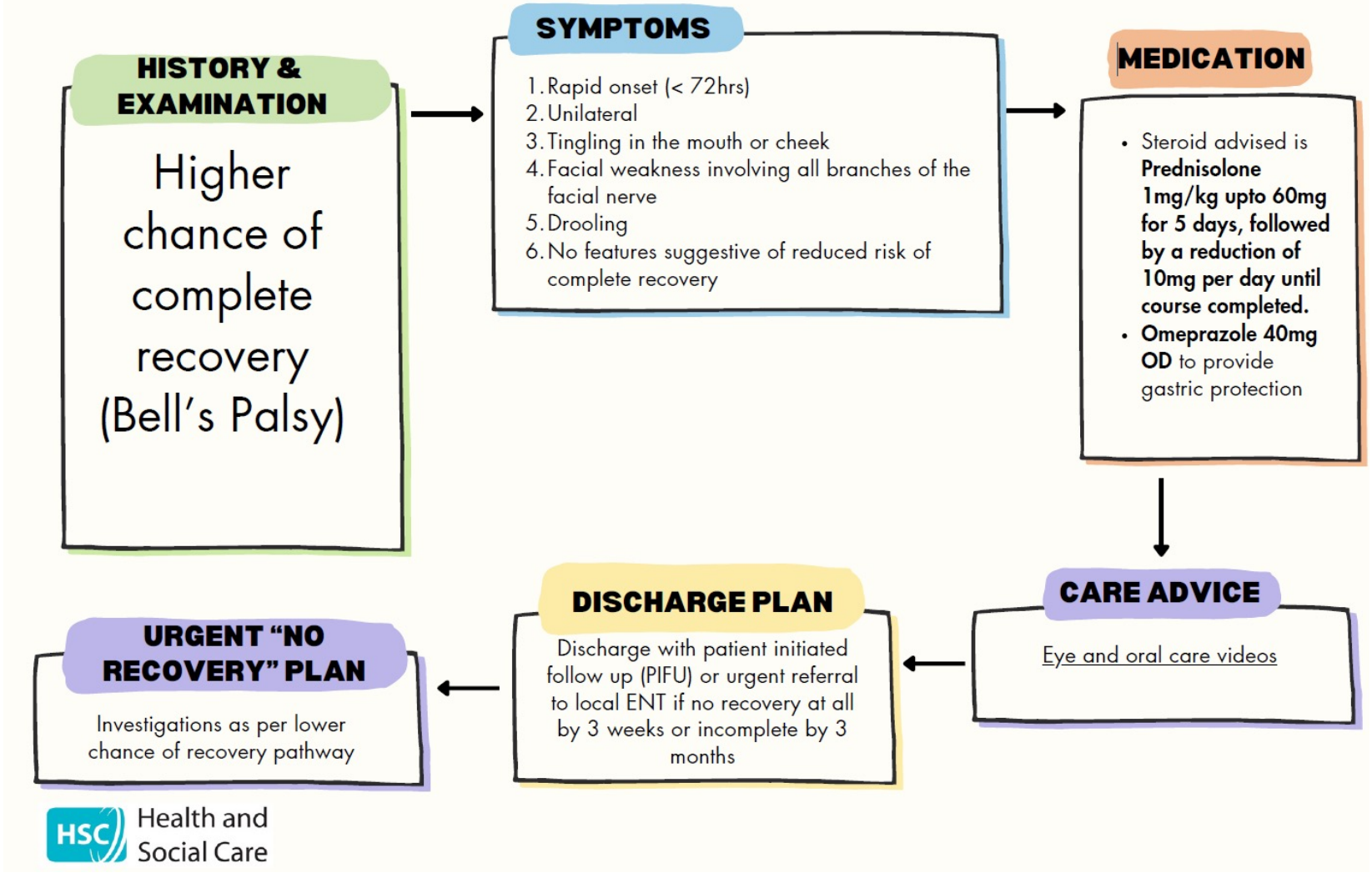

HEALTH SPECIAL • HEALTH SPECIAL • HEALTH SPECIAL
woman
HEALTH SPECIAL
FREE! MINDFUL EATING BOOK
AMAZING SNACK DIET
Eat all day LOSE 7LB!
Fern
100 tricks for better sleep
BOUNCING BACK AT LAST!
How she's found her
I lost my smile because of a BUG BITE
FacialPalsy
psychological challenges
living with facial palsy
BelfastLive
NEWS
WHAT'S ON
BE
SPORT
MORE
LATEST NEWS
BELFAST NEWS
TRAFFIC
LATEST SPORT
COST OF LIVING
FOR THE LOVE OF TRAINS: PAUL ROUTLEDGE
Newry mum felt lost for years as she fought for answers to son's misdiagnosed condition
"He was misdiagnosed from the start and I had been misinformed at every appointment"
Comments 0
By Lauren Harte
16:06, 27 Mar 2025
FacialPalsy
The psychological challenges of living with facial palsy
Functional changes e.g. eating and drinking
Post-traumatic stress disorder
Don't face it alone.
Facial paralysis can affect every aspect of your daily life, yet in Northern Ireland, specialist services are practically non-existent.
If you've been left without proper treatment or support, don't suffer in silence – reach out to Facial Palsy UK for the help and guidance you rightfully deserve.
facialpalsy.org.uk 0300 030 9333
support@facialpalsy.org.uk
B
'Life has changed so much': Mum's struggle to adjust with misdiagnosed condition

Dr Colin Leonard

ENT Consultant, Belfast HSC Trust

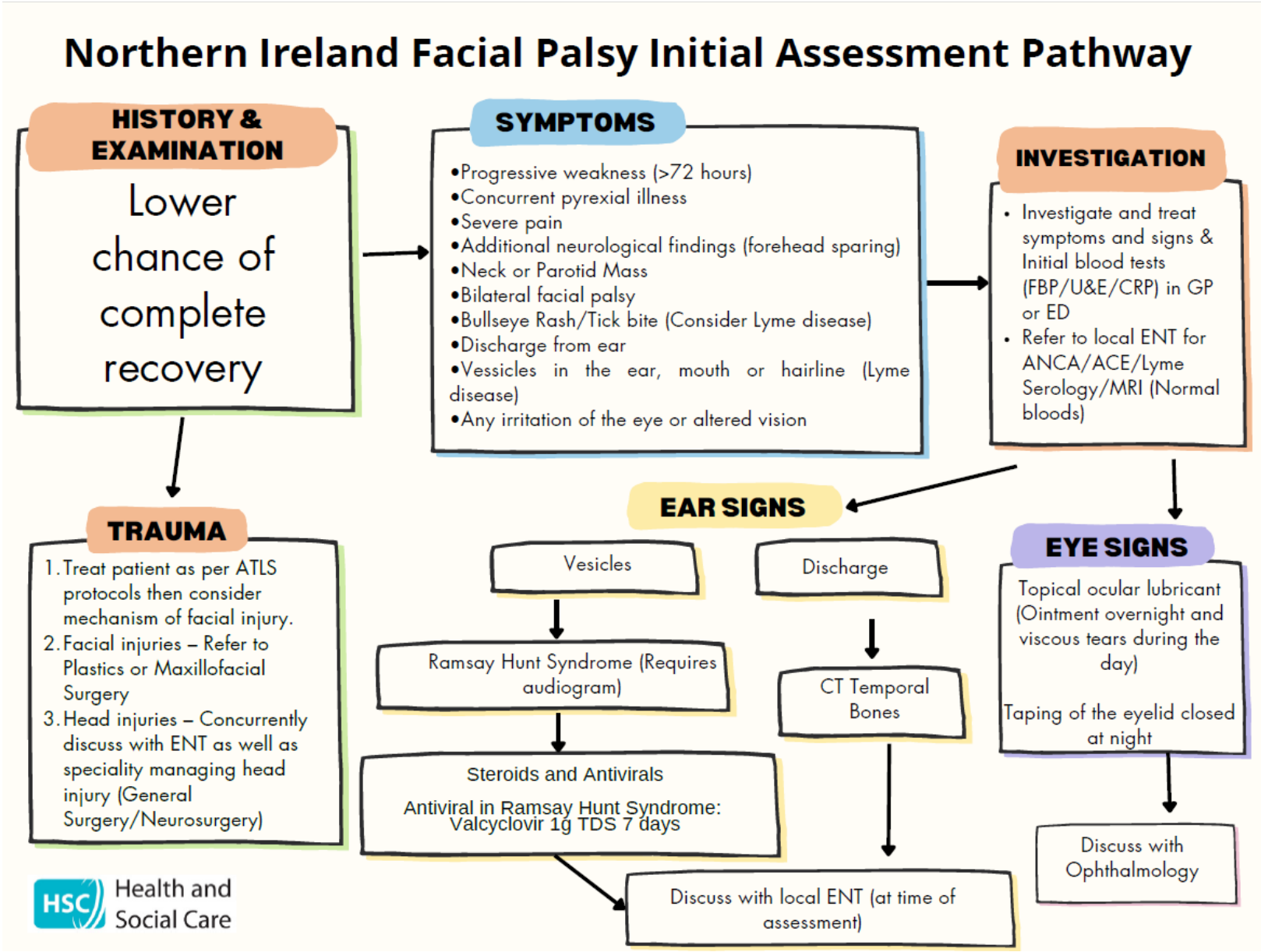


Northern Ireland Facial Palsy Initial Assessment Pathway



HSC Health and Social Care

Northern Ireland Facial Palsy Initial Assessment Pathway



Northern Ireland Facial Palsy Initial Assessment Pathway

Additional information

PSYCHOLOGICAL DISTRESS

Screen patients for psychological distress. Where identified or concern raised, direct patients to Facial Palsy UK for self-help or refer to Clinical Psychology where available

www.facialpalsy.org.uk/support/psychological-needs/psychological-interventions/

PLASTIC SURGERY REFERRAL

- Normal investigations with no recovery at 3 weeks or incomplete at 3 months. (No primary causation)
- Primary causative factors treated optimally and incomplete recovery of facial function, or complications of recovery (hyperkinesis/synkinesis) at 6 months from onset. Consider PIFU or urgent referral to ENT to avoid loss to follow up.
- Acute causative factors resulting in immediate facial paralysis (such as soft tissue trauma or post cancer excision)"

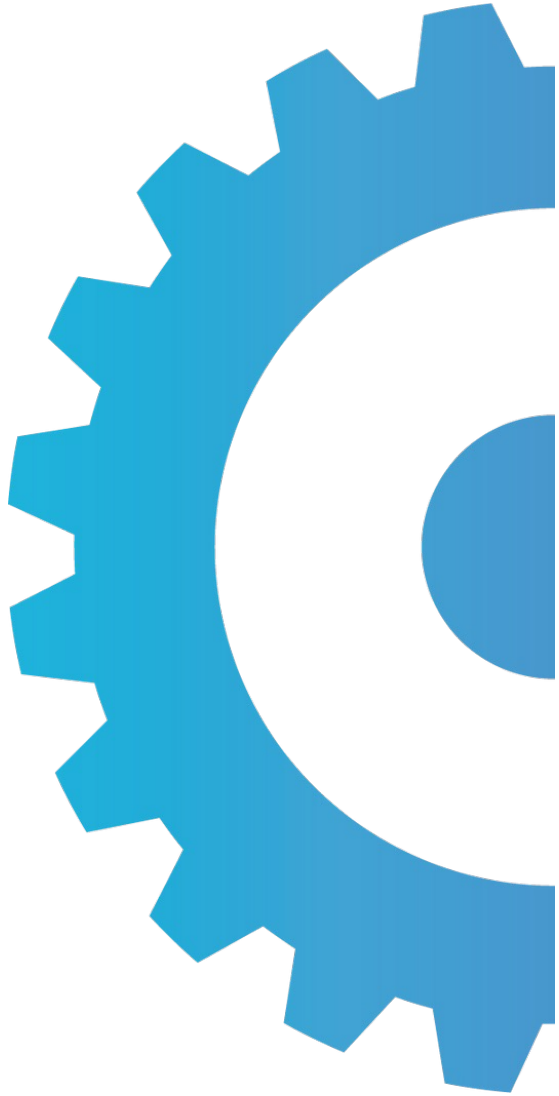
Facial Palsy is a time sensitive condition. Timely assessment and treatment impacts upon the options available to patients and the outcomes of recovery. If in doubt, refer, urgently.

HSC Health and Social Care

Dr Benjamin Kennedy

Consultant in Emergency Medicine and Paediatric Emergency Medicine

Northern HSC Trust



Paediatric Facial Nerve Palsy

Bell's Palsy is a diagnosis of exclusion.
Assessment of the child should exclude secondary causes of facial nerve palsy.
This departmental guideline is for use in children aged 0-16 years.

Causes of Facial Nerve Palsy:

Primary	Bell's Palsy	Idiopathic lower motor neurone (LMN) lesion
Secondary	Infectious	Otitis Media
		Mastoiditis
		Ramsay Hunt Syndrome (herpes zoster)
		Lyme disease
		Encephalitis/ Meningitis
		Mumps/EBV/HIV
	Trauma	Skull Base fracture
		Middle ear injury
	ENT	Cholesteotoma
		Parotitis
	Neoplastic	Leukaemia
		Brain Tumour
	CNS	Stroke
		Space occupying lesion

History:

TYPICAL Features of Bell's Palsy	ATYPICAL features/ Red fags
Preceding viral illness	Concurrent illness/ fever
LMN Palsy (See Below)	UMN Palsy (See Below)
Acute onset	Gradual onset (>3/7)
Unilateral	Bilateral
Mild ear discomfort	Severe ear pain
Hyperaucusis	Facial hyperkinesia
Altered taste on affected side	Involvement of other Cranial nerves or PNS
No rash	Rash (Vesicular at ear or Erythema Migrans anywhere)
First episode	Ipsilateral reoccurrence
No features of Raised ICP	Headache/vomiting/gait disturbance etc.
	Malignancy features (Weight loss, night sweats, fatigue, bleeding, bruising, lymph nodes etc.)

Examine and document:

1) Facial Nerve:
   - Ipsilateral or bilateral
   - LMN lesion (forehead will not wrinkle as much or at all)
   - UMNL (forehead spared, will still wrinkle normally)
2) CNS/PNS:
   - Document a full CNS and PNS exam
3) Eyes:
   - Does eye close fully?
   - If not, is there any redness/corneal irritation already
   - Use slit lamp to look for corneal abrasion if suspected
4) ENT:
   - ? Otitis Media present
   - ? Ramsay Hunt syndrome (Presence of ipsilateral vesicles around ear)
   - ? Mastoiditis
   - ? Parotid swelling
   - ? Significant lymph nodes
5) Lyme disease:
   - History of tick bite (this may have been in preceding days, weeks or years!)
   - Have they had recent travel to Lyme endemic areas?
   - Presence of Erythema Migrans rash anywhere on body
   - Concurrent joint pain/selling
6) Trauma
   - Recent injury preceding facial palsy
   - Clinical Base of skull fracture
   - Evidence of barotrauma to ear

Investigations:

These should be led by any positive findings on assessment
(e.g. CTB for base of skull fracture, US for Parotitis etc).

If clinical assessment is in keeping with Bell's Palsy

- **Check FBP to exclude first presentation leukaemia** (0.5-1% of facial palsy's will present as first presentation leukaemia)
- Consider checking **Lyme serology** if felt to be a possible cause
- No other investigations required

Management:

1) Eyecare - If eyelid does not fully close on blinking/closing eyes for sleeping, this can lead to corneal abrasions and scarring
   - Prescribe regular Carbomer 0.2% eye gel during the day
   - Prescribe Hylonight® Eye Ointment for night (more viscous)
   - Tape the eye shut at night. Consider daytime taping if significant eye exposure.
   - If redness or pain develops, they need to see their NI PEARS accredited optician for assessment
2) Steroids/ antivirals: There is currently insufficient evidence to unequivocally support the routine use of steroids or antivirals in children. Historically, data proving benefit in adults(3) has been extrapolated to children. Meta-analysis in children(4) is of low quality and comes to no clear outcome. The BellPic (Dec2022) study is the first RTC

to address the question in children. It found no significant difference in prednisolone vs placebo (99% Prednisolone vs 93% Placebo, CI 0.5-17) though was underpowered and has wide confidence intervals. What is clear is that even without steroids, the majority (>90%) of children will completely resolve by 1 year. Subgroup analysis suggested potential benefit in children over 12 years old.

The main side effects of steroids, in otherwise healthy children, is increased appetite and hyperactivity. Children who receive multiple doses of steroids are at higher risk of adrenal suppression.

A pragmatic approach is to offer parents and children, *presenting <72hrs* from symptoms and with no contraindications, the facts and come to a shared decision.

Steroid exclusion criteria:

- *Presentation > 72hrs from symptom onset*
- *Hypersensitivity to prednisolone*
- *Recent active herpes zoster or chickenpox*
- *Peptic ulcer or chronic renal failure*
- *Current or past oncologic diagnosis*
- *Active or latent tuberculosis*
- *Systemic fungal infection*
- *Diminished cardiac function*
- *Multiple Sclerosis*
- *currently receiving concomitant medications in which prednisolone was contraindicated;*
- *Immunization with a live vaccine within the previous 1 month; requirement for a live vaccine within 6 weeks of the first dose.*

If steroids are being dispensed, an **FBC must be checked first** to exclude leukaemia.

The dose of Prednisolone is 1mg/kg (max 50mg) for 7 days. For patient ease this is rounded up to the nearest 5mg (see chart below)

Prednisolone dosing chart

Patient Weight (Kg)	Once daily dose
5kg to ≤ 7.5kg	7.5mg
>7.5kg to ≤ 10kg	10mg
>10kg to ≤ 15kg	15mg
>15kg to ≤ 20kg	20mg
>20kg to ≤ 25kg	25mg
>25kg to ≤ 30kg	30mg
>30kg to ≤ 35kg	35mg
>35kg to ≤ 40 kg	40mg
>40kg to ≤ 45 kg	45mg
>45kg or greater	50mg

Follow up:

Primary Bell's palsy can be discharged with follow up with the GP 3-4 weeks.
Patients should be informed that most will resolve by 2-3 months, and the vast majority by 1 year.
If not resolved at 3 months, the GP should refer to ENT.
Patients should be provided with a discharge letter warning of red flags and when to return to ED.

Secondary Facial Nerve Palsies should be discussed same day with the parent specialty causing the issue eg:
Paeds/haematology for leukaemia
Neurosurgery for tumour/trauma
ENT for any of the ENT causes

Contributing Authors: Dr B Kennedy (AAH), Dr J McCabe (AAH), Dr. A Kelly (AAH), Dr R Beckett (AAH), Dr T Oman (RBHSC), Dr B. McNaughton (RBHSC), Mrs D Holden (AAH)

References:

1) BSUH Paediatric Guidelines
2) https://www.sheffieldchildrens.nhs.uk/.../9959/1554_bells_palsy.pdf
3) Gagvor I, Madhok VB, Daly F, Somasundara D, Sullivan M, Gammie F, Sullivan F. Antiviral treatment for Bell's palsy (idiopathic facial paralysis). Cochrane Database of Systematic Reviews 2015, Issue 11. Art. No.: CD001869. DOI: 10.1002/14651858.CD001869.pub8
4) Pitaro, Jacob, Sofia Waissbluth, and Sam J. Daniel. "Do children with Bell's palsy benefit from steroid treatment? A systematic review." International journal of pediatric otorhinolaryngology 76.7 (2012): 921-926
5) Babl F, Herd D, Borland M, *et al* 1396 Prednisolone for Bell's Palsy in children: A randomised, double-blind, placebo-controlled, Multicentre Trial *Emergency Medicine Journal* 2022;**39:**A967.
6) Scenario: Management | Management | Bell's palsy | CKS | NICE

Paediatric Facial Nerve Palsy

Paediatric patient (0-16yrs) presents with Facial Palsy

HISTORY

Simple Bell 's palsy:
Preceding Viral illness, LMN palsy, Acute onset, Unilateral, Mild ear discomfort, Hyperaucusis, ipsilateral altered taste, first episode

RED FLAGS

Concurrent Illness/ fever
UMN Palsy
Gradual onset (>3/7)
Bilateral Other CNS/PNS involvement
Weight loss/ night sweats/ bleeding/ bruising etc

Facial hyperkinesia
Rash (EM or RHS)
Ipsilateral reoccurrence
Signs of raised ICP
Severe ear pain

RED FLAGS PRESENT → **NOT BELL'S PALSY**

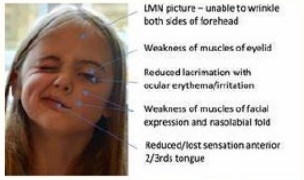
Complete full examination. Manage and investigate as per findings; will likely need relevant bloods and imaging. Advice attendance at local Emergency Department

POSITIVE FINDING IDENTIFIED

NO RED FLAGS

EXAMINATION

1. Facial Nerve
2. CNS/ PNS
3. Eyes
4. ENT
5. Lyme disease
6. Trauma



NO SECONDARY CAUSES IDENTIFIED

BELL'S PALSY

INVESTIGATIONS

FBC on all patients to screen for leukaemia
Consider Lyme serology

MANAGEMENT

- Eye care:

Carbomer 0.2% eye gel during day
Hylonight®Eye Ointment at night
Tape eye closed at night (link on discharge sheet)
Tape during day if significant

- Steroids:

If no contraindications, shared decision with parents on potential benefits.
Prednisolone 1mg/kg (max 50mg), once daily for 7 days (see dosing chart)
Diabetics to monitor BMS and liaise with DNS

- **Antivirals: Do not prescribe**

FOLLOW UP

GP review 3-4 weeks
Discharge advice leaflet

Prednisolone dosing chart

Patient Weight (Kg)	Once daily dose
5kg to ≤ 7.5kg	7.5mg
>7.5kg to ≤ 10kg	10mg
>10kg to ≤ 15kg	15mg
>15kg to ≤ 20kg	20mg
>20kg to ≤ 25kg	25mg
>25kg to ≤ 30kg	30mg
>30kg to ≤ 35kg	35mg
>35kg to ≤ 40 kg	40mg
>40kg to ≤ 45 kg	45mg
>45kg or greater	50mg

HSC Health and Social Care

When to return to the ED:

Rarely, more serious conditions are actually present that mimic Bell's palsy. If your child develops any of the following symptoms, you should return immediately to the ED for further review:

- Fever
- Severe ear pain
- Headache
- Vomiting
- Weakness or numbness of other parts of the body
- Eye pain, redness or reduced vision

Follow up:

You need to book to see your GP for review in 3-4 weeks to see how it is improving.

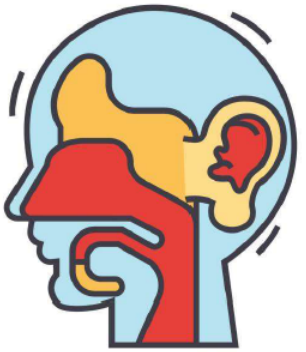
If it has not fully resolved by 3 months, visit your GP again who will refer you to the ENT team for specialist review. Please bring this leaflet to the GP with you.

If you are diabetic, please inform your Diabetic Nurse Specialist today that you have started steroids.

HSC Health and Social Care

Bell's Palsy in Children

Discharge advice leaflet



What is Bell's Palsy?

Bell's palsy is a weakness of the facial muscles on one side of the face. It is not fully understood why this happens, but is likely due to inflammation of the nerve that supplies the muscles to that side of the face. It is NOT a stroke.

It is uncommon, affecting around 6.6 in every 100,000 children.

Clinically this will mean, on one side:

- The forehead won't wrinkle as much
- The eye may not close on blinking
- The eye may stream tears, or get very dry and sore
- The smile will look wonky
- It may be difficult to keep food or fluids in your mouth
- Taste may be affected
- Very mild pain behind the affected ear



Will it get better?

As the inflammation settles down and the nerve repairs itself, generally the power to the facial muscles improves. This is a slow process.

Most children get better within 2-3 months. Up to 95% will have full power again by 1 year. A minority of people will be left with some degree of permanent weakness.

How is it treated?

In adults, there is good evidence that steroids help reduce the inflammation and improve the chances of the weakness getting better, if started within 72hours of symptom onset.

There is not good evidence currently that steroids definitely have the same benefit for children.

As we would like to give children the best chance of improving, steroids will be offered to your child, as long as there is no contraindications to giving them. The pros and cons should be discussed with you.

Most children tolerate steroids very well with minimal side effects, although they do not taste very nice.

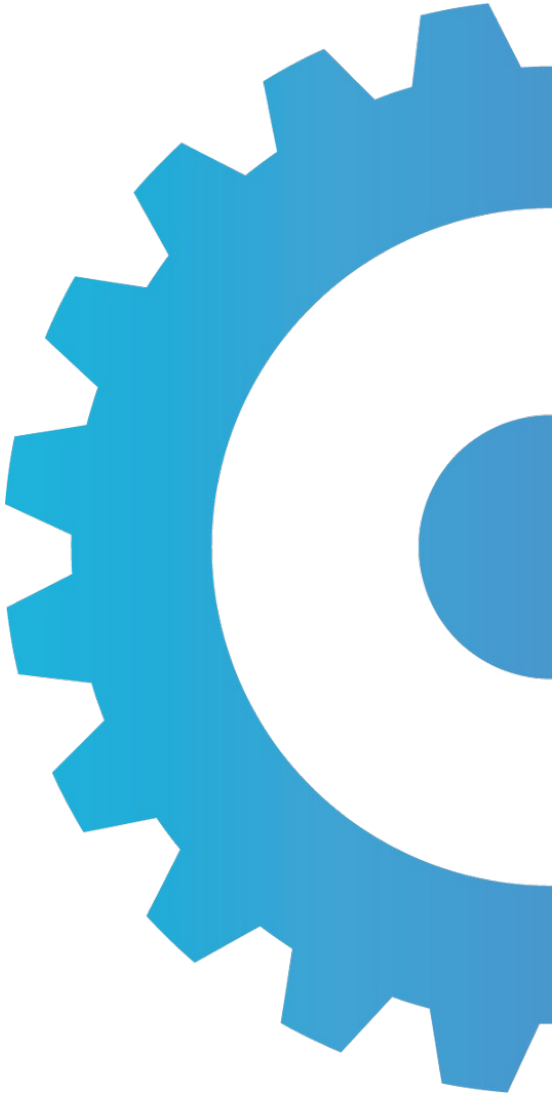
Side effects that can occur in children include: hyperactivity or paradoxical fatigue, increased appetite and increased risk of infection. If your child has had a lot of steroids recently, they may be at risk of dangerous hormone and electrolyte imbalance. These are things your doctor will weigh up when discussing with you.

The course of steroids is once daily for 7 days only.

It is very important to look after your eye. If the lid does not close fully on blinking or sleeping, there is a risk the eye will dry out and get scratched. To minimize this, you will get eye drops for the day (Carbomer 0.2% eye gel), to be used 5 times throughout the day. You will also receive thicker eye drops (Hylonight Eye ointment) for use before sleep. You can stop using these when the eye closes itself again on blinking.

If the eye does not close on sleeping, you should tape your eye shut. Please visit this link for a tutorial video on how to tape the eye shut.

Resources



For Patients

nidirect Facial Palsy webpage
https://www.nidirect.gov.uk/conditions/facial-palsy

Patient Information leaflet (see following two slides on Bell's Palsy in Children)

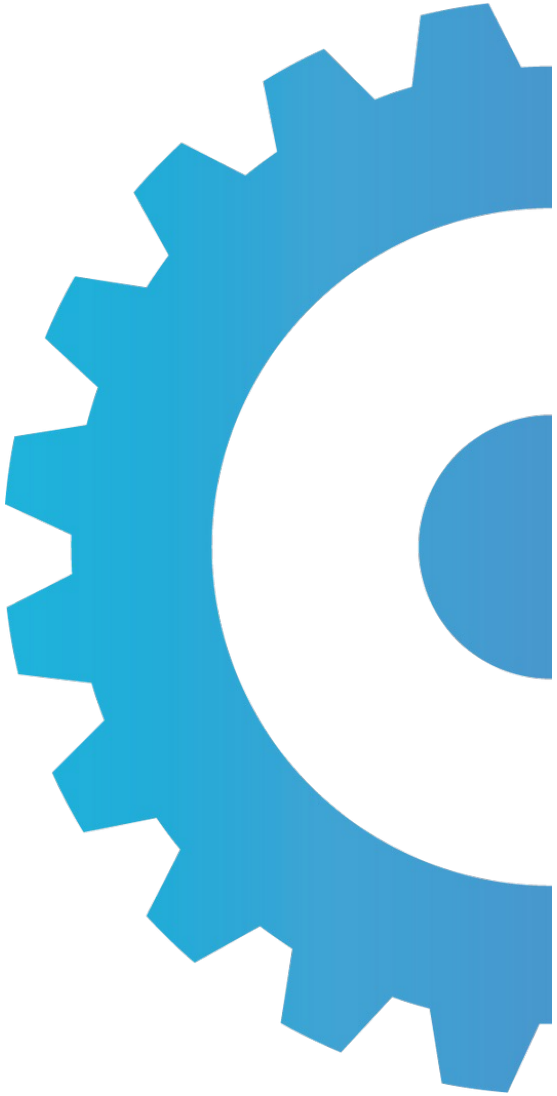
Facial Palsy UK webpage
https://www.facialpalsy.org.uk/

For clinical staff

Facial Palsy initial assessment pathway (Slides 3,4 & 5)

Paediatric Facial Nerve Palsy pathway (Slide 12)

Questions and Answers



Thank you!

