

How to Care for Your Child with a Facial “Bell’s” Palsy

This leaflet will provide you with information about Facial “Bell’s” palsy; symptoms, causes, diagnosis, treatment and basic home care advice.



What is a Facial “Bell’s” Palsy?

- Facial “Bell’s” Palsy is the name for a specific type of facial paralysis where the facial nerve becomes swollen and inflamed. The swelling and inflammation block the nerve signal so that the facial nerve is not able to send the messages to move the facial muscles.
- Also called “Idiopathic Facial Palsy”
- This causes sudden weakness of facial muscles on one side of the face. This will make a face appear to droop on one side.
- It can occur at any age
- The weakness is usually temporary and in many cases with the correct treatment symptoms will improve over time.

What are the causes of Facial “Bell’s” Palsy?

- In most cases there is no identifiable cause.
- There are many ideas about what might cause the nerve damage but no one \ cause has ever been agreed upon
- Some experts think that viral and immune disorders might be a cause
- There might also be an inherited tendency but this is not always clear

What are the symptoms of Facial “Bell’s” Palsy?

The symptoms usually develop over a few hours or a day or two and usually affects one side of the face. Your child may experience the following:

- A sharp pain in or around the ear before the paralysis begins
- Ringing in the affected or both ears
- Unusual sensitivity to loud noises
- Changes to sense of taste - some foods may have less or a different flavor
- Trouble smiling and raising one eyebrow
- Drooping on one side of the face. The face muscles may be fully paralyzed or partially. Occasionally both sides are affected but this is very rare
- Trouble closing the eye or blinking on the affected side
- Dry or watery eye on the affected side
- Trouble with eating, due to weakness of the lips and cheek on one side. Sometimes food can get trapped in one side of the cheek or fall out of the mouth.
- Difficulty with speaking clearly. Some sounds like ‘B’ and ‘P’ might be harder to say than usual
- A ‘dripping nose on the affected side, due to loss of muscle control around nose

Your child might not have all of these and you/they may not notice them all at the same time.

How is Facial “Bell’s” Palsy diagnosed?

- There's no specific test to diagnose Facial “Bell’s” Palsy.
- The doctor will ask a few questions about your child's health and examine your child.

Your doctor will decide if further investigation or blood tests are required to exclude other causes of facial weakness.

How is Facial “Bell’s” Palsy treated?

- o **Oral steroids (prednisolone):** The best chance of recovery happens when nerve compression (swelling) is reduced quickly, so initial treatment given will be oral steroids (prednisolone) to reduce inflammation and pressure on the facial nerve. This medicine should be started within 72 hours (3 days) for better results.
- o **Antiviral or antibiotics:** Depending on the cause, your doctor may also prescribe:
 - Antiviral medicines
 - Ear drops or oral antibiotics if an infection is suspected
- o **Eye care** is extremely important in the early stages of Facial “Bell’s” Palsy. It is likely that your child will not be able to close their eye or blink fully.
 - To protect the eye from drying out and damage, your doctor will prescribe eye drops for use during the day and an eye ointment to use at night. .
 - Your doctor will make arrangements for an onward referral to the appropriate Sidra Medicine speciality.
- o **Face therapy**
 - Your doctor will also refer you to the Facial Therapy team. You will receive an appointment within 1-2 weeks. The Facial Therapy team will teach you how to look after the facial muscles as the nerve recovers.

Home care advice

- o Putting a cloth soaked in warm water on your child's face several times a day may help relieve pain
- o If your doctor advises giving pain medicine, you can give:
 - Paracetamol (any brand) or Ibuprofen (any brand)
 - Follow the instruction on the medicine package for the correct dose for your child
 - Do not give your child Aspirin as this can cause serious complications
- o Complete the full course of oral steroid (prednisolone) Avoid the following as these have been shown to lead to problems with recovery of normal facial movement:
 - Strong facial exercises
 - Electrical stimulation
 - Gum chewing

○ **If your child's eye doesn't close completely, please follow the advise below:**

- Use a clean fingertip to help close the eyelid repeatedly throughout the day
- Use lubricating eyedrops as prescribed by your doctor. if you are buying them yourself make sure they are 'preservative free'
- If prescribed, apply eye ointment at bedtime and once your child is asleep check to see the eye is closed. Sometimes gently closing the eye with a clean fingertip will help to fully close the eye.
- Make sure your child wears sunglasses during the day to protect the eye from sun and dust
- Make sure you child wears well sealed goggles in the pool or avoid swimming to prevent water getting into the eye.
- Some children find it helpful to wear goggles in the shower to prevent water getting into their eye during hair washing.

○ **If your child has trouble with eating and drinking, please follow the advise below:**

- Teach your child to use their hand to support the 'floppy' side of the mouth while drinking to prevent fluid leaking out
- your child may find it easier to chew on the non-floppy side
- Teach your child to eat small amouts of food
- Avoid hard and chewy foods as these may be difficult to chew
- Brush teeth after meals to make sure there is no food left inside the cheek on the floppy side.
- Ensure your child attends all follow-up appointments as advised

When should I seek medical advice?

Seek medical advice, if your child:

- has High Fever
- has rash
- has severe ear pain and/or discharge
- has weakness in other areas of the body
- Eye symptoms are getting worse
- Dehydrated and feels tired
- Hearing loss