

AMBULATORY FACIAL NERVE REPAIR

80% of Patients with Facial Paralysis Suffer from Bell's palsy

20 Million Americans Suffer from Peripheral Nerve Injury caused by Trauma and Medical Disorders

Facial nerve repair is very delicate and precise procedure that can help patients with various conditions. All facial nerve paralysis cannot be treated the same. While many patients may have a complete recovery from facial nerve paralysis without surgery; some may still need or want the option of surgery to achieve normal facial function.

Please use this guide as a resource for knowledge and understanding of facial nerve repair, pre-qualification, goals, techniques and limitations of surgery.

01 | Pre-qualifications

Etiology is the most important factor in determining the timing and choice of a reconstructive technique. Reconstructive efforts should not commence prior to establishing the etiology of the paralysis. A patient's history must be thoroughly vetted in order to properly diagnose the cause and severity of the paralysis to give a proper course of action.

A thorough history includes the onset of paralysis, initial degree of paralysis, duration of paralysis, and associated symptoms. If reconstructive efforts and interventions are to be tailored appropriately, a patient's paralysis must be assessed for the possibility of spontaneous recovery, which often occurs in a patient with Bell's palsy. In these cases, an irreversible technique to reanimate the face may not be the best choice.

02 | Goals

The goal of any facial repair is to restore the functions of the face. Surgeons aim to repair to the best of their ability based on the condition of the patient and to provide relief from:

- Facial laxity
- Asymmetric smile
- Lower lip asymmetry at rest
- Droopy oral commissure (from the weakened major and minor zygomatic muscles)
- Inspiratory nasal collapse
- Oral incompetence (difficulty with mastication and speech)
- Lower-eyelid ectropion or laxity

- Lagophthalmos
- A sense of disfigurement

03 | Techniques

There are many different variations of techniques that can be implemented in order to provide the best results. It is important to note multiple procedures or multiple methods may be needed to achieve the final goal in the facial repair. Some common techniques are:

- **Nerve Transfer**- must be performed within 18 months of original onset of nerve paralysis and the distal neuromuscular pathway must be intact
- **Nerve Grafting**- several options are available under this category, each providing repair to certain areas of the face depending on the type and extent of damage.
- **Muscle Transfer**- completed after 18 months from original onset of nerve paralysis.

04 | Limitations

Depending on the cause, location and extent of the paralysis, full repair may not be possible. Other factors including, tissue, muscle, or bone damage can all have great effects on the success of surgery. It is important to know that facial nerve repair will not yield total function of the facial features and that recovery may take years. Facial nerves are delicate and complex and their functions within the face are extensive. Being realistic about the outcome of surgery is important.

For more information on facial nerve repair and other ambulatory surgeries please visit:

<http://www.ascassociation.org/>

***Did You Know?
Facial paralysis can affect
anyone at any age***

References

<http://emedicine.medscape.com/article/1289133-overview>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2984557/>