

Facial nerve palsy after vestibular schwannoma surgery

- Prognostic Factors for Facial Nerve Outcome after Vestibular Schwannoma Surgery: A 12-Year Multicentric Retrospective Study
- Study on Risk Factors Affecting Facial Nerve Function After Microsurgical Resection of Acoustic Neuroma
- Incidence and Risk Factors of Delayed Facial Paralysis After Vestibular Schwannoma Resection: A Systematic Review and Meta-Analysis
- A small vestibular schwannoma with preoperative facial palsy treated via retrolabyrinthine approach
- Case Report: Contralateral Progression of a Vestibular Schwannoma After Resection in a Patient with Neurofibromatosis Type 2
- Outcomes in Vestibular Schwannoma Surgery: insights from our last 100 cases
- Fully endoscopic neurosurgery using a two-handed technique for cerebellopontine angle tumors via the retrosigmoid approach
- Malignant transformation of vestibular schwannoma 29 years after Gamma Knife radiosurgery: illustrative case

Facial nerve palsy is one of the most important [vestibular schwannoma surgery complications](#). When VII cranial nerve is damaged, ocular complications might appear, impacting patient's quality of life. Therefore, standardized eye care must be a priority. This involves three key treatments: topical treatment, rehabilitation and oculoplastic surgery.

The incidence of facial palsy following [vestibular schwannoma surgery](#) varies, but it is generally reported to be between 10-20%. The severity of the palsy can also vary, ranging from mild weakness to complete paralysis.

Delayed facial palsy

see [Delayed facial palsy after vestibular schwannoma surgery](#).

Treatment

The management of facial palsy after vestibular schwannoma surgery depends on the severity of the palsy and the underlying cause. In mild cases, the palsy may resolve on its own within a few weeks to months. However, in more severe cases, treatment may be required.

Treatment options for facial palsy after vestibular schwannoma surgery may include:

Medications: Certain medications, such as corticosteroids, may be prescribed to reduce inflammation

and swelling that can contribute to facial nerve damage.

Physical therapy: Exercises and physical therapy techniques may be recommended to help improve muscle strength and mobility in the affected side of the face.

Surgical interventions: In some cases, surgical interventions may be necessary to repair or reconstruct the facial nerve.

Supportive care: Supportive care, such as eye lubrication and protection, may be recommended to prevent complications such as dry eyes or corneal damage.

It is important to note that the outcome of facial palsy after vestibular schwannoma surgery can vary depending on a variety of factors, including the severity of the palsy, the timing of treatment, and the underlying cause. Patients should work closely with their healthcare team to develop an individualized treatment plan that addresses their specific needs and concerns.

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