

# Postoperative Facial nerve paralysis

Postoperative facial nerve paralysis is a serious complication that can occur following surgical procedures near the facial nerve. This type of paralysis results from damage or trauma to the facial nerve during surgery, and it significantly affects the patient's quality of life due to its impact on facial symmetry and expression.

**Common Surgeries Associated with Risk: Parotid Gland Surgery:** The facial nerve traverses the parotid gland, making surgeries to remove tumors or treat other gland issues particularly risky.

**Acoustic Neuroma Surgery:** Removal of these benign tumors from the nerve sheath of cranial nerve VIII can inadvertently affect the nearby facial nerve.

**Temporal Bone Surgery:** This includes procedures for chronic ear infections, cholesteatoma removal, or cochlear implants.

**Skull Base Surgery:** These complex procedures can involve multiple cranial nerves, including the facial nerve.

**Orthognathic and Facial Cosmetic Surgeries:** Such as facelifts, where the facial nerve branches are at risk of being stretched or cut.

**Symptoms:** Inability to move the facial muscles on one or both sides of the face, depending on the nerve affected.

Drooping of part of the face, especially noticeable around the eye and mouth.

Difficulty closing the eye on the affected side, leading to dryness and possible eye damage.

Loss of facial expression.

Changes in tear and saliva production.

Altered taste sensation.

**Diagnosis: Clinical Assessment:** Immediate postoperative monitoring of facial nerve function is crucial.

**Electromyography (EMG):** Used to assess the integrity and function of the facial nerve and muscles.

**Imaging Studies:** MRI or CT scans may be used to evaluate the surgical area and look for any structural causes of the paralysis, such as hematoma or residual tumor pressing on the nerve.

**Management and Treatment: Observation:** Some cases of postoperative facial nerve paralysis, particularly if caused by edema or minor trauma, may resolve on their own as the inflammation diminishes.

**Corticosteroids:** Can reduce inflammation and swelling around the nerve.

**Eye Protection:** Artificial tears and eye ointments to keep the eye moist, along with protective eyewear or taping the eye shut during sleep to prevent corneal damage.

**Physical Therapy:** Facial exercises can help maintain muscle tone and promote nerve recovery.

**Surgical Intervention:** In cases where the nerve is severed, surgical repair or nerve grafts might be necessary. Timing of surgery is critical and often depends on the type and extent of damage.

**Vitamin B12 Injections:** Sometimes recommended to support nerve regeneration.

**Prognosis:** The prognosis for postoperative facial nerve paralysis varies widely based on the extent of nerve damage. Early detection and intervention are crucial for improving outcomes. If the nerve has been severed, recovery might not be complete, and surgical reconstruction might be necessary. If the nerve is intact but bruised or compressed, the chances of full recovery are higher, especially with prompt treatment.

Recovery from facial nerve paralysis can take several months, and some patients may experience residual effects like synkinesis (involuntary facial muscle contractions). Emotional and psychological support is also important, as the impact on the patient's appearance can be distressing.

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Last update: **2025/04/08 11:58**

