

Facial Paralysis Talks Podcast - Official Transcript

Episode 1 - What to do, what to avoid

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Episode 1 - Cristina Toso, Michael Ammons, Ilan Livne, Susan Rankin

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This episode is an interview with Susan Rankin, Facial and Vestibular Therapist. We cover many things including what to do and what to avoid during your healing journey. The information is great for facial palsy warriors and supporters. For more details:

<https://facialparalysistalks.podbean.com/e/episode01/>



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Podcast Series Main Intro

1:50 WHY ARE WE DOING THIS PODCAST?

Welcome to the *Facial Paralysis Talks* podcast. This podcast series is created by an international collaboration of facial palsy warriors to bring awareness and share personal experiences. We will offer tips to those affected by Bell's Palsy, Ramsay Hunt Syndrome and other conditions causing facial palsy. Each podcast episode will be hosted by various warriors from the facial palsy community. Some of our episodes will include special guests who have facial palsy expertise from the medical community.

Podcast Episode Intro

Cristina - Hi, I'm Cristina from Vancouver, British Columbia in Canada and I'm here with Michael from San Diego, California in the United States. My facial palsy experience came during the first week of March in 2018, and I'm a facial palsy warrior. Michael, tell me when you first dealt with your facial palsy experience.

Michael - Thank you, Cristina. I was diagnosed April 21, 2005 with Bilateral Bell's Palsy. What this means is that my face is paralysed on my left and right sides. And I'm a facial palsy warrior.

Cristina - I'm so glad to be hosting this first episode with you, Michael! Why don't we just briefly talk about why we chose to do this.

Michael - Thank you, Cristina. We want to make a difference for others newly diagnosed and those warriors who continue to deal with facial palsy. In addition, to bring community awareness and education about a condition that is more common than we think, but we don't talk about.

Cristina - In this episode, we will be interviewing Susan Rankin, who is a facial and vestibular therapist. She discusses the function and anatomy of the facial nerve, the causes of facial palsy, the difference between Bell's Palsy and Ramsay Hunt syndrome, what to do and what to avoid during the acute phase, (which is probably what you really want to hear) and the different levels of injury one can get. It's all important stuff but we do have topics listed along with their timestamp in the text description in case you want to go directly to any one topic, such as the dos and don'ts.



Main Podcast - Interview with Susan Rankin

Introducing Susan

3:00 SUSAN'S BACKGROUND ON FACIAL RETRAINING

Cristina - This is the part of our podcast where we are going to have a conversation with Susan Rankin. Susan is a facial palsy and vestibular physiotherapist and she has been working with facial therapy patients for around 33 years. Susan, can you share a little bit more about your background as it relates to facial palsy?

Susan - Yes, I can. Thank you for inviting me to take part in this podcast. I was trained as a physiotherapist at McGill University and I went on to do a Masters at McMaster University. These are both in Canada. And then I went to work at Sunnybrook Hospital where I took part in a research project studying facial neuromuscular retraining. That was when I was first introduced to it and I was trained to do it. I've been doing it ever since and that was in 1986. It's an area I'm very passionate about.

Cristina - Great, and I also know that you've been training others to do facial therapy as well.

Susan - Yes, I do. I usually do several workshops a year.

Cristina - And are there other physiotherapists that you partner with to do that work?

Susan - Yes, I sometimes partner with Jackie Diels who's in Madison, Wisconsin [USA].

What is facial paralysis?

4:15 WHAT IS FACIAL PARALYSIS?

Michael - Awesome, Susan. Thank you for introducing yourself and your background. So, my question to you, on behalf of our listeners is, can you tell us a little bit about what facial paralysis is?

Susan - Let's start with the word "paralysis". The word "paralysis" just means that there's absolutely no movement of a muscle and the reason there's no movement of that muscle is because the nerve that talks to the muscle and tells it what to do is not working. So facial paralysis means that the muscles of the face are not working because the facial nerve is not communicating with those muscles.

4:45 WHAT CAN FACIAL PARALYSIS FEEL LIKE WHEN IT STARTS?

Cristina - And just for our listeners who are dealing with this, I'm just going to bring forward, you know, what it is for somebody to really go through this.

So for me, I felt my eye getting dry. I wear contact lenses. When it first happened, my eye was getting dry. I thought it was just the contact lens; put a new one in and it just kept getting dry. Then I felt like I had a little bit of freezing the way that you would get at a dentist's office but still with sensation. So I looked in the mirror and I realized something was happening. As the time went on (and what I mean by that is a few days past after I went to the ER because I still had a little bit of movement when I went to ER), I had less and less access to move the left side until I didn't feel any access to move the left side because I was dealing with complete paralysis after a week. And for me I had pain. Some people have pain as well. So that's just one person's initial



reaction to what it can feel like to feel like we're paralyzed. Every other part of my body wanted to move my face rather than my face. It was very frustrating.

Structure and function of the facial nerve

6:00 THE STRUCTURE AND FUNCTION OF THE FACIAL NERVE AND FACIAL MUSCLES

Cristina - At this point, let's help people get a brief understanding of the structure and function of the facial nerve and facial muscles. Just to make everybody aware, the facial nerve is also known as the seventh cranial nerve. So, Susan, why don't you start talking about that a little bit and see how well we can help our listeners to understand a little bit about what's going on.

Susan - Absolutely. The facial nerve (and as Cristina said it's the seventh cranial nerve) arises from the base of the brain in an area called the brainstem and, more specifically, in an area called the pons. It runs from there off of the brain through a very long and very narrow bony canal and it continues through that canal until it gets to a little hole that exits into the face. Then it branches into its 5 main branches and then it further branches out to all those different muscles and other functions that we have. What's really interesting about the branching is that no two people have the same branching pattern.

The nerve is very much like a telephone wire. I have a telephone wire in my office that I like to show people. Basically, the nerve is held together with some cells that surround it and help the nerve to conduct more quickly along those wires. Inside, we have little tubes. In a telephone wire, they're all different colors and they hold the wires or the nerve fibers that go to our muscles.

We have 26 paired muscles on each side of our face and so the major part of that nerve is to provide expression and speech. But there are a couple of other functions that the facial nerve does as well. It supplies tears to the one side of the face, taste to the front two-thirds of the tongue on that side and there are few salivary glands that are also supplied. Additionally, we get a sound dampening muscle that helps us protect our eardrum and there's a little bit of sensation on the ear (so the part that's just sitting out on the side of your head). The rest of the face has a different nerve that supplies sensation to the face.

And lastly, there are a couple of other muscles that help in swallowing. So actually, there are quite a few functions of the facial nerve in addition to all those expressions that we have.

How are facial muscles different from the muscles in the rest of our body?

Michael - Thank you, Susan. Thank you for really describing and clarifying what it is to have a facial paralysis, how all of our nerve endings really are connected, how it really shows how our face is connected to our seventh cranial nerve and how it all impacts our face. It brings up a question for me. How are the facial muscles different from the muscles in the rest of our body?

8:50 DO FACIAL MUSCLES DETERIORATE IN THE SAME WAY THAT OTHER MUSCLES DO?

Susan - That's a great question. There is quite a difference actually between them. I think the biggest and then the most important one is that facial muscles, because they're considered postural muscles, (so in other words the minute you sit up in the morning, your facial muscles are working whether you're expressing yourself or not) is they have a certain resting tone that helps us keep our face from being too relaxed.



Because of that, our facial muscles take a long time to deteriorate when a nerve isn't talking to it — up to a year and sometimes in some cases it's been more than a year. This is an important fact because, traditionally way back when I was first trained even, we used electrical stimulation to try and stop the muscles from deteriorating on the face. We now know we don't need to do that because the facial muscles will hang in there for literally a year or more. So that's an important difference between the facial muscles and the skeletal muscles.

The other one is that our facial muscles receive input from two different parts of our brain. So, they receive input from the motor cortex, which is the part that guides movement, but it also receives input from the limbic system, which is our emotional center. And what do we use our faces for? We use them for emotion, communication and expression. So there has to be an emotional component to it. This is something that's important when you're doing facial retraining — to use emotion when you're expressing or trying to do certain movements.

The last thing is that there's a slightly different structure to the muscle. In our skeletal muscles, we have a little organ in there that's a protective organism. So, if you overstretch a muscle, it will actually cause the muscle to release to protect it. We don't have those in our faces probably because we don't necessarily need to worry about over-stretching our facial muscles. They're not used in that way. We use our skin which is very close to our facial muscles to help us know where we are moving. So, we can always tell what our expression is by the fact that our facial skin is moving. Those are the three main differences.

Cristina - Thank you, Susan, for elaborating on the differences. That's really important. I would really have liked to have known about that when I was first dealing with facial paralysis in the acute phase. I think it's a benefit that the facial muscles don't deteriorate¹ in the same way that other muscles do. This information, I hope, will allow everybody to know and to understand fully that rest is so important. That's the number one thing that really can help.

1. Cristina used the term 'atrophy' instead of 'deteriorate' in the audio recording. 'Deteriorate' is the correct term to use.

What causes facial paralysis?

11:55 WHAT CAUSES FACIAL PARALYSIS?

Michael - Thank you for sharing that valuable information. That brings me to my next question. What causes a facial paralysis?

Susan - There are quite a few causes but let's talk about the structural cause of a facial palsy. The primary structural cause of a facial palsy or facial paralysis when it's in the periphery (so, when it's come off of the brain) is from compression in that long bony canal I talked about earlier on. There's no room in that bony canal for anything except the three nerves that travel there. It's the facial nerve, the hearing nerve and the balance nerve that are all in that little narrow bony canal. They're quite happy there under normal circumstances. But if you throw an inflammation from a virus or bacteria or a tumor that manages to squeeze its way into the top of that tunnel, it starts to compress the nerves inside. So, depending on how much information there is or how big that tumor is will cause damage to one or more of the nerves in the canal.

13:18 THE DIFFERENCE BETWEEN A CENTRAL FACIAL PALSY AND PERIPHERAL FACIAL PALSY

The other possible cause of facial paralysis is central, so in the brain. So, you have to also consider things like tumors, strokes and vascular accidents that could happen that will affect the center of the brain where the facial nerve connects to. The one big difference between a central facial palsy and a peripheral facial palsy is that, for central (for example, a stroke), only the



bottom two thirds of the face is affected. That person can still raise their eyebrows and quite often can close their eye. That's one of the ways you can tell if you have had damage to the nerve after it leaves the brain or before.

13:43 STEROIDS VS DECOMPRESSION SURGERY TO REDUCE PRESSURE INSIDE THE BONY CANAL

Years and years ago they used to do something called a decompression surgery which would open up that bony canal. Then they kind of realized the surgery itself caused some damage. So they don't do that anymore because now we have corticosteroids. Corticosteroids are powerful anti-inflammatories. That's one of the ways we can reduce the compression on the nerve but it must be done very early on — within the first 48 hours.

What causes the compression in the facial nerve?

14:14 WHAT IS CAUSING THE INFLAMMATION OF THE FACIAL NERVE?

Michael - As you're explaining this, I'm thinking, what's causing the compression? Does the medical community know?

Susan - Yes, it's the inflammation on the lining of the nerve. If there's a virus or bacteria that attacks the lining of that nerve, it will swell. In order for it to swell it has to have space to swell. But that little bony canal doesn't allow any space for swelling.

So the bony canal is what is causing the compression because the nerve is too fat.

What is the difference between Bell's Palsy and Ramsay Hunt syndrome?

15:05 WHAT IS THE DIFFERENCE BETWEEN RAMSAY HUNT SYNDROME AND BELL'S PALSY?

Cristina - There can be some confusion by those dealing with facial paralysis about what Bell's Palsy is and what Ramsay Hunt syndrome is. We've heard of people who have been misdiagnosed, where Ramsay Hunt is most probably the culprit, but it is being considered as Bell's Palsy by medical staff. So maybe we can get into a little bit more of the differences between Bell's Palsy and Ramsay Hunt. Are there marked differences between the two that we can really identify?

Susan - Yes, there are. I think because they're the two most common causes of facial paralysis, it's important to know about that.

Bell's Palsy - at this point it's not a hundred percent certain what the cause is. During testing it has been shown that it might be the herpes simplex 1 virus, which is the cold sore virus. That is a very common virus and many people have it. It's just dormant in their body and under periods of stress or illness or tiredness or other sickness, it'll come out because the immune system is suppressed.

Ramsay Hunt syndrome is caused by the herpes zoster virus, which is the shingles or the chickenpox virus. It's a much stronger virus.

There is a difference, too, in the way that people present symptomatically. With a Bell's Palsy, the main symptom is loss of movement, dry eye, (so inability to close the eye), inability to smile. There sometimes can be a little ache behind the ear for maybe a couple of days but pain is not a huge feature for Bell's Palsy.



Whereas for Ramsay Hunt, it [the pain] is quite severe. So if somebody starts talking about severe ear pain and wants to talk more about the pain than about the weakness in their face, I'm often suspicious of a Ramsay Hunt. The problem is, quite often when people present at the emergency room, they don't show any rash or the little blister vesicles that are typical for Ramsay Hunt. Some people do, and typically they will be in the ear canal, around the ear, behind the ear, down the neck, or on the tongue. Those are some of the common places where people will actually show these little blisters or a rash. But it's not uncommon to have Ramsay Hunt without a rash.

So, the pain is one of the biggest distinguishing features and one of the other features is that, with Ramsay Hunt, because it's a stronger virus, it's going to have more inflammation. There's going to be fatter nerves and therefore there's going to be more compression. And that will involve the hearing nerve and the balance nerve. So people get symptoms of dizziness and imbalance as well.

Cristina - Thank you very much Susan for making those distinctions between Bell's Palsy and Ramsay Hunt syndrome. It's really important for those of us who are first dealing with this. It's scary for us and it's good to know this information so that we can come with knowledge to our doctors when we're feeling like we need to have more done to find out what's going on. As a person who has dealt with this, I would suggest, perhaps, that someone ask for a blood test because I don't believe at this point that blood tests are standard when we walk in and they see that we have a facial paralysis taking place.

Susan - No they're not.

Cristina - So I would suggest that would be something you can do to advocate for yourself when you're going into the ER [Emergency Room] or if you've already gone to the ER and you want to find out what could be going on. Go to your doctor and say 'Hey, I want to find out if I've got some viruses taking place here that are attacking my body.'

Other conditions that cause a facial paralysis

18:57 WHAT OTHER CONDITIONS CAN CAUSE FACIAL PARALYSIS?

Michael - As I'm sitting here listening to you both, what's coming up for me is, we have met people who have had different conditions that cause facial paralysis, some of whom get permanent paralysis, such as myself (that I've had for 15 years now). Susan, can you briefly discuss what some of those other conditions are for our audience?

Susan - I'm going to talk about them in categories. So we talked quite a bit about viral [conditions] with Bell's Palsy and Ramsay Hunt, but there are other viruses and other bacteria that can also cause facial palsy. I'm not going to name them all because there are quite a few but some of the more common ones are the Epstein-Barr virus, which is the one that causes mononucleosis. Borrellosis [borrelia burgdorferi] is the bacteria that causes Lyme disease and it's effectively treated with long-term antibiotics.

The 2nd category is tumors on or around the facial nerve. So an acoustic neuroma, or also known as a vestibular schwannoma, a facial schwannoma and parotid tumors are all common tumors that can happen around the facial nerve and cause facial palsy.

A 3rd category is trauma. So people who have car accidents; sometimes people have been cut by glass or by a knife. There can also be surgical trauma. So people who have had facelifts,



people who have had dental treatment, and sometimes when they're in removing a tumor, the facial nerve can get roughed up as well.

There are congenital as well as genetic and familial conditions that people are either born with a facial palsy, that can be either from trauma during birth or the facial nerve didn't develop in utero. Then there are a number of familial and genetic conditions — Moebius syndrome, Melkersson–Rosenthal [syndrome]. There are a whole bunch of different conditions.

There are vascular causes - so stroke being a very common one or a bleed in the brain can cause damage to the center of the brain where the facial nerve connects.

And then there are some medical and neurological conditions. So multiple sclerosis, amyloidosis, leukaemia, sometimes polio and a condition called NF2 [neurofibromatosis type 2] which is a genetic condition. So there are quite a few different conditions. Some of them, fortunately not very many, do cause bilateral facial palsy.

Cristina - Can you explain to everybody what bilateral facial palsy is? Some people won't know.

Susan - That means both sides of the face have been affected. So sometimes that can be not at the same time. It might be one after the other or it might occur at the same time. It depends on the cause.

What to do at onset?

21:53 WHAT TO DO IN THE ACUTE PHASE OF FACIAL PALSY

Cristina - So now that we know a little more about what Bell's Palsy is and how it impacts the face, let's now talk about what to do in that acute phase. So, you start noticing that there are some weird changes happening in your face. Your eye is getting dry. You can't control it anymore. You feel your mouth is losing control. You look in the mirror and you think you're having a stroke. You might also feel a great deal of pain depending on what it is you're going through. There could be other things happening as well. At that point, what do we do?

Susan - This is for me the important part of this podcast. In addition to the education, is it to let people know what to do. I have often heard from people saying they wait a couple of days to see what happens with their face. That always makes me so sad because you want to go immediately - 'do not pass go' - go straight to the emergency room to first of all rule out that you aren't having a stroke. That's an important thing. And so usually they'll do a CT Scan or an MRI to make sure that it isn't a stroke or a tumour. Then, get on treatment immediately. So the treatment you want to get on is prednisone because of the anti-inflammatory effect that it has.

23:00 STEROIDS AND ANTIVIRAL MEDICATIONS. WHAT SHOULD I TAKE?

There's a little bit of controversy right now about the treatment of antiviral for Bell's Palsy. And that's because the evidence at this point is not clear whether antivirals make a difference with Bell's Palsy or not. Some of you may have gone and not received it and some of you may have gone to the emergency room and have received it. That's the reason why -- the evidence at this point is not clear. However, for Ramsay Hunt, you definitely want the antiviral as well as the prednisone because of the strong nature of that virus.



23:46 HOW TO PROTECT THE AFFECTED EYE

The second thing you want to do (and often this is neglected when you go to an emergency room), you're not always told what to do to protect your eye. Because the eye can't close in the early stages, your cornea is very subject to injury. You want to make sure you are using non preservative or low preservative drops, ointments at night, and taping the lid down at night to protect your cornea. You want to use protective glasses. Wrap-around glasses are good if you're outside in the sun or in dusty conditions. And I always recommend that people go to see an optometrist or an ophthalmologist who can monitor the corneal health to make sure it's not getting dry or any ulcerations.

24:31 HOW TO STIMULATE BLOOD CIRCULATION OF THE FACIAL MUSCLES

You want to stimulate circulation on your face. So, as I mentioned, your facial muscles are postural muscles. They normally work almost all the time, except when you're sleeping. Because the muscle pump is not working, we want to make sure that the blood continues to circulate to those muscles. You can use moist heat or a tapping technique using the tips of your fingers and tapping firmly all over that side of your face.

24:58 HOW TO MAINTAIN SYMMETRY TO YOUR FACE?

You also want to try and maintain symmetry in your face because right now you only have one side of your face that's working well: your unaffected side. It's doing all your expressing and speaking. What happens is the muscles on your unaffected side start to get shortened and tightened. So you want to start to stretch out the muscles on that side so that they don't get too tight for when your affected side starts to get better.

Touch your face a lot - and that's to remind your brain that it's there. Like I mentioned, there isn't that feedback organ in your muscles in your face. You want to make sure that the skin is stimulated a lot, so that the message is received in your brain to let your brain know 'I'm here'. So when the nerves start to come back, your brain hasn't forgotten about that side of your body.

25:48 MORE TIPS ABOUT WHAT TO DO IN THE ACUTE PHASE

Rest. Eat well and allow your body to heal. These are really important things. You probably got a facial palsy if it was viral because you're run down, and your immune system is suppressed. So what you really need now is to get lots of rest and treat yourself well.

I often find that people start to go to lots and lots of doctors. So they see an ear nose and throat doctor, a neurologist and they're just seeing more and more doctors because they're so frustrated by the lack of movement of their face. I find that, quite often, what I hear from people is that they're more frustrated when they come back from those appointments because there's really not a whole lot more that those specialists can do at this point. You've received your medication, you're taking care of your eye, you've seen an eye specialist and they can't really do much more except make sure that you don't have anything else going on. Certainly, if your symptoms are strange or don't fit into a normal pattern, I would see a specialist to rule out anything else more sinister, like a tumor or a neurological condition. But otherwise just rest and allow your face to heal.



What should we avoid doing?

27:00 WHAT TO AVOID WHILE WE ARE WAITING FOR FACIAL RECOVERY

Michael - Now that we know what to do, what do you want us to know about the things to avoid while we're waiting for facial recovery and resting?

Susan - This is equally important, Michael. So I'm really glad that you're asking this question. So it's important to know what to do, but it's also important to know what not to do. Quite often when people don't receive enough information, they go to "Doctor Google" and "Doctor Google's" got some good information, but it also has some really bad information. Also, your aunt Bessie will give you some information and your best friend down the block and everybody who knows you will start giving you advice. You need to know what you should do and what you shouldn't do.

The first thing I should say that's most important is don't do any facial exercises. The reason for that is that, if you think of your face on the affected side as a lamp, the way we turn a lamp on is we plug the plug into the wall and then we turn the little knob that turns the light on. But if the lamp is not plugged into the wall, it doesn't matter how hard you turn that lamp on, it will not light. That's the same situation as the facial muscles on your affected side. There's no plug right now. The nerve is not talking to the muscles. So it doesn't matter how hard you push or try to close your eye or smile; it's not going to work. The only thing that will happen is your unaffected side is going to get stronger and stronger and stronger by that huge effort that you're putting into your face. And as I just mentioned, symmetry is a problem because it's already working too hard. So we really don't want your unaffected side to get any stronger.

28:50 WHY SHOULD YOU AVOID ELECTRICAL STIMULATION?

No electrical stimulation. This is a hard one because it was used many years ago when we didn't realize that facial muscles were slow to deteriorate. We have now found that, through animal research, electrical stimulation can actually stop or slow the sprouting of your nerve if it does need to regrow. It also seems to lead to more connected movements when the nerve does recover, which we call synkinesis. Synkinesis is when, for example, I blink my eye and my mouth pulls at the same time. So they are abnormally connected movements. We want to do anything we can to avoid synkinesis from developing.

Most importantly of all, electrical stimulation is not necessary. It doesn't help your nerves grow. Your muscles don't need it.

29:45 PIRATE PATCHES - SAFETY PRECAUTIONS

Third - to avoid putting gauze patches or pirate patches on your eye. So it's best if you can tape your eyelid down because a gauze patch can actually sit right on your cornea and scratch it. It's way too rough for the surface of your eye. Because your eye doesn't close, putting a patch on top of your eyes, the lid opens and next thing you know that gauze is sitting right on top of the cornea — very irritating to the eye. Same with the pirate patch — if you wear it overnight, it can shift during the night and the hard edge of the pirate patch will sit on your cornea. Best to tape the lid.

30:25 WHAT ABOUT ACUPUNCTURE OR ELECTRICAL ACUPUNCTURE?

Lastly, if you do have acupuncture (and this is an area that is still a little bit open for debate as to what acupuncture does) don't use electrical stimulation on the needles for the same reason that I'm recommending no e-stimulation.



Different levels of injury and what to expect with healing

30:55 WHAT CAN YOU EXPECT WITH HEALING? HOW LONG DO I HAVE TO WAIT UNTIL I START TO HEAL?

Michael - Thank you Susan for giving us some great information about the dos and don'ts in the key phases of Bell's Palsy or facial paralysis. What can our listeners expect with healing? What happens with our face after it starts to heal?

Susan - This is a really good question because a lot of people want to know 'how long do I have to wait with my face in this condition'? The best way to answer this is to talk about the three main levels of injury to the facial nerve.

The 1st degree injury is where the nerve is irritated enough that it stops firing, but everything is intact. And once the prednisone does its job and the antiviral does its job and the virus just runs its course, just the way it would with a cold, the nerve starts to slowly fire again. This can happen anywhere from one week up to about eight weeks. Fortunately, 85% of people with Bell's Palsy fall in this category. So they're going to recover with just that medication treatment and no other treatment is necessary.

What we worry about is the 15% of people who don't fall in that category or people with Ramsay Hunt who have a stronger virus. They often can have a degree 2 injury. What happens here is that the outside tube or the lining of the nerve is intact but inside those little tubes that the wires run in can break down, as well as the nerve fibre itself. Then the nerve fiber has to regrow. Our facial nerve is amazing because it does regrow. It grows at a millimeter a day or an inch a month. And so it takes a little longer for that to happen before it can connect it back up to a muscle to make it work.

The problem with a degree 2 injury, in some cases, is that the little tube that the wire ran through is a bit of a guidewire. If the tube is missing, the wire will grow or the nerve will grow, but it doesn't know where to grow to. So it could end up at a different muscle than it originally started in. So, for example, an eye nerve can end up going into a mouth tube. And there it connects to a mouth muscle. So now the brain thinks it's talking to the eye but now the mouth is working. That's an example of synkinesis, as I talked about a little bit earlier. This typically will start happening anywhere from 3 to about 8 months, depending on a number of conditions. So your age, other medical conditions (diabetes, hypothyroidism, high blood pressure, for example), or any autoimmune diseases; those are the big things that will affect your ability to grow faster or slower.

The 3rd degree injury is really if you had a traumatic injury where the nerve has been cut right through. If it's a nice clean cut, the surgeons will sew the outer tube back together again, and it becomes a degree 2 injury. Sometimes they have to do a nerve graft if it has been a messy cut.

So those are the three levels of injury to the nerve and the timelines that accompany them.

Cristina - I would like to just add that this is standard information. What we've learned by being part of a lot of the support groups on Facebook and other support groups is that the time frame for healing is varied. I really want to leave listeners with hope that if there is still stuff not happening after 8 months, there can still be things happening because we've heard of others dealing with longer timeframes for healing.

Susan - Absolutely.



Acknowledgements

Cristina - Thank you so much, Susan, for being on this call and Michael as well. This is amazing for us. We hope that everyone listening here has gotten some tips and some greater understanding of what might be happening with their face right now and, hopefully, a bit more knowledge about what we can do to be able to let our bodies heal from what's happening with our face.

Podcast Episode Outro

Thank you for listening to this episode. We hope you gained a deeper understanding of facial palsy or at least got some good tips. Stay tuned for more episodes where we will discuss topics such as eye care and other physical and emotional care tips. We'll also share personal experiences with you.