CONDITION

Facial paralysis

Facial paralysis is loss of movement on one or both sides of the face.

WHAT IT IS
Reduced or absent movement of facial muscles

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Facial droop, weak eye closure, mouth leakage, altered taste

WHAT CAUSES IT
Nerve inflammation, infection, stroke, injury, or tumour

HOW IT IS DIAGNOSED
Facial and neurological examination, with cause-specific tests

MAIN TREATMENT
Eye protection, cause-specific treatment, rehabilitation, sometimes surgery

CAN IT BE CURED?
Sometimes - recovery reflects cause and nerve damage

IS IT AN EMERGENCY?
Sometimes - sudden onset with stroke signs

LONG-TERM OUTLOOK
Many recover; severe nerve injury may cause lasting weakness

Overview

Facial paralysis means that some or all muscles on one or both sides of your face cannot move normally. Partial weakness is sometimes called facial paresis or facial palsy.

The facial nerve controls most facial expressions. It also helps you close your eye, keep food and drink in your mouth, move your lips for speech, taste, and control tears and saliva.

Weakness can occur when the facial nerve is inflamed, compressed, or injured. It can also result from a problem in the brain pathways controlling the face, such as a stroke.

Bell's palsy is sudden facial weakness thought to result from inflammation of the facial nerve. It is diagnosed after other likely causes have been considered. Facial paralysis is a broader term that also includes weakness caused by infections, injuries, tumours, neurological conditions, and birth differences.

Facial weakness can affect eye safety, eating, drinking, speech, and emotional expression. Sudden weakness may require urgent assessment to rule out stroke or another serious cause.

Symptoms

Symptoms may begin suddenly or gradually. They can affect part of the face, one whole side, or rarely both sides.

Possible symptoms include:

A facial nerve problem often weakens the forehead, eye, and mouth on the same side. A stroke may affect the lower face more than the forehead, but this distinction is not reliable enough to rule out a stroke yourself.

Blisters around the ear, ear pain, hearing changes, or dizziness may occur with Ramsay Hunt syndrome, caused by reactivation of the virus that causes chickenpox and shingles.

- A drooping eyebrow or corner of the mouth
- Difficulty smiling, frowning, or raising an eyebrow
- Incomplete eye closure or reduced blinking
- A dry, gritty, watery, or painful eye
- Drooling or leaking drinks
- Food collecting between the cheek and gums
- Changes in speech
- Reduced or altered taste
- Increased sensitivity to sound in one ear
- Pain around the ear, jaw, or side of the head
- Unwanted facial movements or tightness during recovery

Causes and risk factors

Bell's palsy causes sudden weakness on one side without another cause being found. Swelling of the facial nerve inside a narrow bony channel is thought to interrupt its signals.

Other causes include:

Bell's palsy usually reaches its worst point within a few days. Weakness that progresses over weeks or months, keeps returning, or affects both sides needs investigation for other causes.

Pregnancy, diabetes, and a previous episode are associated with a higher chance of Bell's palsy. Tick exposure raises concern for Lyme disease. A past cancer or new lump near the ear or jaw may affect which tests are needed.

- Stroke: Damage to the brain area controlling facial movement
- Infections: Including shingles, Lyme disease, and some middle-ear infections
- Injury: Skull or facial injury, or damage during surgery
- Tumours: Growths affecting the facial nerve, salivary glands, skull base, or brain
- Neurological conditions: Such as multiple sclerosis or Guillain-Barré syndrome
- Congenital conditions: Facial weakness present from birth
- Inflammatory disorders: Including some autoimmune conditions

Diagnosis

A healthcare professional will ask when the weakness began, how quickly it changed, and whether you have pain, a rash, hearing symptoms, numbness, limb weakness, or difficulty speaking.

They will examine movements in your forehead, eyelids, cheeks, and mouth. A neurological examination may check strength, sensation, balance, coordination, speech, and eye movements. The ears, mouth, skin, and salivary glands may also be examined.

Typical Bell's palsy may not require a scan or blood test. Testing is more likely when symptoms are gradual, recurrent, affect both sides, follow trauma, or occur with other neurological findings.

Possible tests include:

Eye assessment may be needed if your eyelid does not close, especially if the eye is painful, red, light-sensitive, or your vision has changed.

- Blood tests for suspected infection or inflammation
- Lyme disease testing after relevant tick exposure or illness
- MRI or CT imaging to look for stroke, injury, inflammation, or a tumour
- Hearing tests for hearing loss, ear disease, or dizziness
- Electrical nerve and muscle tests for severe or prolonged paralysis

Treatment and management

Treatment depends on the cause, severity, and whether the eye can close. Protecting an exposed eye is an immediate priority.

Lubricating eye drops or ointment may prevent drying. You may be shown how to close or secure the eyelid during sleep. Glasses can protect against wind and debris. Contact lenses may not be suitable while the eye is exposed.

Bell's palsy is usually treated with a short course of corticosteroids like prednisone or hydrocortisone started early. An antiviral like acyclovir or oseltamivir may be added in selected cases, particularly when weakness is severe or shingles is suspected. Antivirals are not generally used alone for Bell's palsy.

Other causes need specific treatment, such as antibiotics like amoxicillin or doxycycline for Lyme disease, antivirals for Ramsay Hunt syndrome, urgent stroke care, or treatment of an ear infection, tumour, or injury. Medicines may not be suitable for everyone, so treatment should be chosen with a healthcare professional.

If weakness continues, a therapist experienced in facial rehabilitation can teach controlled movements and relaxation techniques. Random or forceful exercises may reinforce abnormal movement patterns.

Some people develop synkinesis, in which one part of the face moves unintentionally with another. Facial retraining and botulinum toxin injections may help.

Surgical options include eyelid procedures, nerve repair or transfer, and muscle transfer. These are generally considered for significant long-term paralysis, severe nerve injury, or ongoing eye exposure.

Complications

An eye that does not blink or close properly can become very dry. The cornea may become scratched, infected, or scarred. Prompt eye care reduces this risk.

Weak lips and cheeks can cause drooling, accidental biting, and difficulty keeping food or drinks in the mouth. Trapped food may increase the risk of tooth or gum problems.

During recovery, nerve fibres may reconnect in an altered pattern, causing synkinesis, tightness, spasms, or tears while eating. Lasting asymmetry can also affect communication and confidence. Rehabilitation and specialist treatment can address physical and emotional effects.

Prevention

Many cases cannot be prevented. Bell's palsy often has no identifiable trigger, and congenital facial weakness cannot usually be avoided.

Recommended shingles vaccination reduces the risk of shingles, including infections affecting the facial nerve. Avoiding tick bites and removing attached ticks promptly lowers the risk of Lyme disease.

Helmets, seat belts, and workplace protection reduce injury risk. Managing blood pressure, diabetes, smoking, cholesterol, and other vascular risks can lower the chance of stroke. These measures do not replace assessment of new facial weakness.

Living with it and what to expect

The outlook depends on the cause and severity of nerve damage. Many people with Bell's palsy begin regaining movement within weeks and continue improving over several months. Recovery may be slower or incomplete if paralysis was total at the start or the nerve was badly damaged.

Small movements may return first. Tightness or unwanted linked movements may become more noticeable as the nerve reconnects.

A divided nerve, long-standing compression, major stroke, or congenital condition is more likely to cause lasting changes. Even when normal movement does not return, eye procedures, rehabilitation, injections, or reconstructive surgery may improve comfort and function.

Routine follow-up checks eye safety and recovery. Further assessment is usually appropriate if there is no improvement within several weeks, recovery stops, symptoms return, or new symptoms develop.

Taking smaller bites, using an easy-to-control cup, and cleaning food from the affected cheek may make eating safer. Regular dental care is helpful if food collects around the gums.

When to get medical help

Call emergency services for sudden facial weakness accompanied by any of the following:

These can be signs of a stroke or another neurological emergency. Note when symptoms began. Do not drive yourself for emergency assessment.

New facial weakness without other stroke signs still needs prompt, same-day medical

assessment. Treatment for Bell's palsy is most useful when started soon after symptoms begin.

Seek urgent eye care if you cannot close the eye and develop pain, marked redness, light sensitivity, discharge, or blurred vision. These may indicate corneal damage.

Arrange follow-up if weakness is not beginning to improve, is gradually worsening, returns after recovery, or continues to affect eating, speech, eye comfort, or facial movement.

- Weakness or numbness in an arm or leg
- Slurred, confused, or difficult speech
- Sudden confusion or trouble understanding speech
- New loss of vision, severe dizziness, or inability to walk
- A sudden severe headache
- Loss of consciousness or a seizure

Common questions

Is facial paralysis the same as Bell's palsy?

No. Facial paralysis describes loss of facial movement. Bell's palsy is one possible cause: sudden facial nerve weakness without another identified cause.

How can I tell facial paralysis from a stroke?

You cannot always tell from facial appearance alone. Arm or leg weakness, speech difficulty, confusion, vision loss, severe imbalance, or a sudden severe headache require emergency help. Sudden isolated facial weakness also needs prompt assessment.

Will my face go back to normal?

Many people recover well, especially after Bell's palsy or temporary nerve inflammation. Recovery is less predictable after severe nerve injury, a tumour, stroke, or long-standing paralysis.

How long does facial paralysis last?

Temporary weakness may start improving within weeks, with changes continuing for several months. Other causes can produce permanent weakness. The cause, severity, and signs of nerve recovery affect the timescale.

Should I exercise the weak side of my face?

Gentle, controlled exercises may help at the right stage, but forceful or repetitive movements

can encourage tightness or synkinesis. A therapist trained in facial nerve rehabilitation can recommend suitable exercises.

Why does my eye water if facial paralysis causes dryness?

Reduced blinking can let the eye surface dry and become irritated, causing watering. Weak eyelid movement may also disrupt tear drainage. Watering does not mean the eye is adequately protected.

Sources

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