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Managing Facial Muscle Weakness After a Parotidectomy

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What is a Parotidectomy

The parotid gland is a large salivary gland located under the skin in front of your ear. It produces saliva and empties into your mouth especially when you are eating. The facial nerve runs through the parotid gland.

A parotidectomy is an operation that removes part, or all, of the gland. The nerves supplying the skin of your ear are cut and so it is normal to have varying amounts of numbness to the ear that could be permanent.

The facial nerve is usually **not** cut during the procedure but can take a number of weeks to recover from the surgery.

Permanent facial weakness is possible especially if part or all of the facial nerve has to be removed.

When only part of the gland has been removed (superficial parotidectomy) it can still produce saliva and sometimes you might see it leak from the scar lines especially when you eat.

Occasionally, in about 10% of cases, other small nerves that supply the gland itself grow back to the sweat glands of the cheek. When the brain tells the gland to produce saliva, the skin in front of the ear sweats.

This can usually be treated and should be discussed with your surgeon.

Facial Nerves

You have had surgery that has affected the branches of your facial nerve. The facial nerve branches send messages to the muscles in your face. When the messages are weak or absent because of injury to or swelling around the nerves, it becomes more difficult to move the face on the affected side.

Exercise one

- Hook your little fingers into the corners of your mouth. Open your mouth as wide as you can and pull the corners out with your fingers. Hold the stretch for 5 seconds.

Retraining the muscles around the mouth takes concentration.

Exercise two

- Using your fingers on the skin, draw the edges of the mouth up and out into a symmetrical smile. Do not show your teeth. Try to hold the smile while you take your fingers away.



Exercise three

- Place the pad of your index finger on the skin between your bottom lip and chin. Slowly grin, showing your teeth. Use enough pressure with your finger to stop the bottom lip drifting up.

Remember...

- Keep your exercises gentle.
- Aim for symmetry between the right and left side of the face.
- Use a mirror.

Blinking

When you have problems closing the eyelids, it is common for your blinking to be affected too.

Often you blink much less on the affected side and this can add to the irritation of your eyeball.

Blinking is important to help lubricate the eye but also to protect the eye from objects flying towards it.

- Tapping the bone below your eye socket lightly and briskly can help stimulate the blink reflex.
- If you can close your eyelids but it is weak, practise rapid blinking to re-educate this reflex.

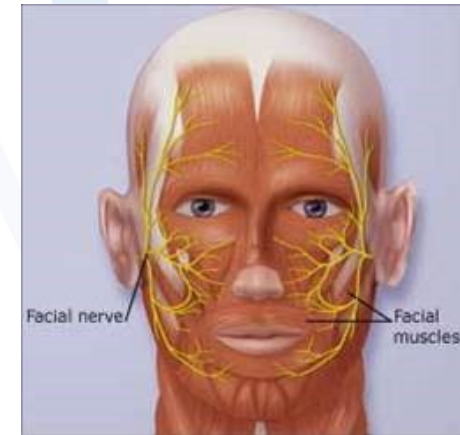
Cheek

Your cheek might feel floppy to start with and you might experience difficulties with eating, drinking and speaking as discussed earlier in the leaflet.

- Massage the cheek up towards the ear, alternating between slow stretching strokes and quicker brushing action.
- Practise gently puffing out your cheeks. Stop at the point where it feels the air is about to escape from your mouth.

Mouth

When one side of the mouth does not open as wide as the other, the mouth and jaw can become stiff. It is important to stretch out these areas.



If the nerve branches have **not** been cut, there is a good chance that your facial movements will recover with time and careful exercise. If the nerve branches **have** been cut and repaired the nerve cells have to re-grow towards the muscles.

Some recovery is expected but it can take a number of weeks and the muscles might not be as strong or as co-ordinated as before the surgery.

Sometimes the nerve branches have to be cut and cannot be repaired. The muscles that the nerve(s) supplied will not work again.

Your surgeon will discuss the consequences of this and any other procedures that might be possible in the future to help with any problems such as poor eye closure.

After the operation it is important that you do not try too hard to force the affected muscles to work again. Usually this just encourages the unaffected muscles to work harder and so makes the weaker side more noticeable.

However, some careful exercise is useful. This leaflet outlines important advice and exercises that will promote a gradual recovery.

Not everyone will need all the advice and exercises detailed in this leaflet.

Your physiotherapist will see you on the ward after your operation. He/she will look at this booklet with you, will guide you to the relevant points and will be happy to answer any questions you may have; the booklet is only a guide.

Recovery, even if it is expected, can take a few months so try to keep positive. Full recovery cannot be guaranteed. If you need radiotherapy, this can slow the recovery of the nerves. However, if you follow the advice provided, you will maximise your potential.

If you are unsure about your exercises, always ask for help. The physiotherapy telephone number is on the back of this leaflet.

Things To Do From Day One

Interact with people

This is not always easy if you are self-conscious about your face but the sooner you do it, the better you will feel.

Friends and relatives will know why your face is slightly different and will be encouraging and it is your choice what you tell anyone else.

Eye care

If the nerves to the muscles around the eye have been affected it can be difficult to fully close the eye. Your physiotherapist will assess this and you might need to ask a friend or relative to check how well the eye closes at home.

If you are unable to close your eye, or it is a struggle to do so, the eyeball can get dry and irritated, especially when you are sleeping. Ulcers can develop on the surface of the eye.

Eye Closure

Eyes are very important to us and our bodies will try to protect them at all costs. If you struggle to close the eyelids your body might compensate by rolling the eye ball back into your head every time you attempt to close the eyelids. It is important this does not become a long term habit.

Enlist a friend or relative to watch this exercise at least to start with because they can feedback to you.

Exercise one

- Sit up in a comfortable chair. Look ahead and slowly close your eyelids - ask your observer to say if and when the eyeball rolls back. If it **does...**
- Start again but slowly look down at your lap using just your eyes. Slowly close your eyelids and ask your observer to tell you when the eyeball starts to roll back. Stop closing the lids at this point.
- Repeat.
- Soon you will feel when the eyeball starts to roll back and will be able to exercise alone.

Exercise two

- Look down, place the back of your index finger on the eyelid to keep it closed. Take your finger away and gently squeeze the lids together. Slowly open the eyes keeping them narrowed as if looking into the sun.



Perform the exercises you are given 5 times each day for 5 repetitions

Eyebrow Lifts

- Recline back so you are not sitting fully upright. It helps to make the lift easier because you are not working against gravity. Spend a couple of minutes gently massaging the whole forehead up towards the hairline to keep the skin supple then.
- Say or think the word 'Surprise!' Look up and back with your eyes and raise the eyebrows. You will feel your forehead lift. Using your index finger, gently lift the forehead up on the weak side to match the unaffected side.
- Take your finger away and try to control the lowering of the brow with your forehead muscles.
- Take your finger away and try to control the lowering of the brow with your forehead muscles.
- As your movement recovers, the first thing you notice is that the brow will lower more slowly as you regain more control. Over time you should notice your brow rises up with less help.



To help prevent this (until you are **sure** the eye closes fully at night)

- **Tape the affected eyelids closed** with medical tape (e.g. Micropore) at night or if it is sore in the day. Wash your hands and tear a 1" piece of tape
- Look down and gently close the lid with your finger
- Apply the tape from the upper lid and gently fix it to the skin below the eye

You can tape a lint-free eye pad over the socket if you do not want to tape the lids closed directly. Make sure the pad does not touch the eyeball. Do not screw up your face to try to close the eye.

Avoid smoky or windy environments if possible. If you have been provided with an eye guard, wear it as advised.

In the early days the eye might water if you cannot blink well.

Make sure you are not touching the eye or eyelids a lot. This can cause eye infections. Use a clean tissue to dab tears away from the cheek. If the eye feels dry, gritty or irritated use lubricating 'artificial tears' eye drops regularly during the day to keep the eyeball moist. Apply eye drops as advised if you cannot blink easily and the eye is dry.

You might also be sent home from hospital with antibiotic eye drops. Use these as prescribed for the full course.

Always seek medical advice if:

- Your eye becomes red, painful or suffers from a sticky discharge.
- Your operation site becomes red, swollen, increasingly painful or you feel feverish.

Mouth care

If the muscles to the lower lip are weak, you can accidentally bite your lower lip when putting food in your mouth.

If necessary, place a finger firmly on the skin beneath your lip to keep it out of the way when opening your mouth to eat.

Without enough strength in the cheek muscles, you might find food becomes lodged between the cheek and the teeth.

- Take smaller mouthfuls and sips of water after each mouthful to help rinse the food out of the cheek.
- A soft toothbrush can be a useful tool to gently sweep inside the cheek after meals to clear any food debris.

Do not be tempted to always chew on the unaffected side; it might seem easier but does not help your recovery.

Gently rest your finger pads against the cheeks when chewing, it can reduce the amount of food that drops into the cheek.

If you are struggling to drink without fluid dribbling out of the side of your mouth, try using a straw in the centre of your mouth and use your fingers to seal your lips around the straw.

Take care with hot drinks – allow them to cool a little if you know you are at risk of dribbling.

Exercises

It is very important that your brain does not forget what it is like to move the face normally.

- Always be sure about your exercises – any doubts speak to your physiotherapist. The contact details are on the back of this leaflet.
- Find a comfortable position in a quiet room away from distractions.
- Look in a mirror when performing each exercise. Sometimes you might be frustrated at what you see but the feedback you receive from looking at your reflection is **very** important.
- Do **not** put too much effort into each movement. It will not help you to recover more quickly and can lead to more imbalances in the muscles and unwanted movements (e.g. the eye closing when you try too hard to smile).
- Put low, gentle effort into each exercise. It helps to prevent the face becoming more asymmetrical. Remember – normal movement of the face is light and easy.
- If you are struggling to pronounce certain letters like 'P' and 'B', try gently supporting your cheek with the pads of your fingers when talking – it can make a big difference.