

Eye Care in facial palsy

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Introduction

Our eyes need to be kept moist to stay healthy. This requires enough tears to be produced and the ability to blink to spread the tears across the eyeball like windscreen wipers.

The facial nerve tells the eyes to blink and close. It is also responsible for tear production (via the lacrimal gland). People with facial palsy can experience issues with dry, irritable eyes if the affected eye no longer blinks or closes properly and / or insufficient tears are made. Sometimes both eyes are affected.

Weakness of the muscle that closes the eye can also lead to the lower eyelid drooping, making it harder to keep tears or eye drops on the eyeball and harder for the eyelids to meet.

Not everyone is aware that they have inadequate eye closure. Some people's eyeballs roll up when they attempt to close the eye and that gives them the impression the eyes are both closed as it 'goes dark'. It is always advisable to ask another person to if the eyelids fully close when you aim to shut the eyes.

Please note: the products shown in this leaflet are examples for information purposes and are not specific recommendations of the facial palsy team at St Helens and Knowsley NHS Trust.

If you have any concerns about your eye health, always seek prompt medical advice to minimise the risk of more serious complications.

What are the symptoms of dry eye?

- Gritty, burning or scratchy feeling in the eye
- Redness of the eye
- Excessive watering of the eye*
- Blurred vision
- Crusting along the lash lines
- Eye infections
- Damage to the front of the eye (cornea)

^{*} A watery eye does not mean the eye is OK, this is a common misconception – the eye can be watering *because* it is dry and the irritation has led to it watering. This watering dilutes the healthy tear film, putting the eye at risk of drying out further.



Causes

Some people who have problems with the facial nerve also may have had damage to another nerve called the trigeminal nerve. The trigeminal nerve supplies the face and the eye with sensation. If the sensation to the eye is reduced, the eye is at greater risk of harm because the painful grittiness felt when the eye is dry may not be felt as a warning sign.

In this case, it is vital to be guided by other signs / symptoms that the eye is irritated such as redness of the eye.

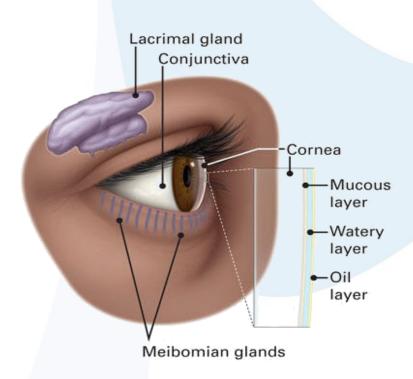
The tear film

Lacrimal glands are responsible for secreting tears. They sit just below each eyebrow on the outer aspect. The lacrimal glands produce tears on an ongoing basis. Tears are not just salty water. There are 3 main 'layers' (shown in the diagram below) that are required to keep the eye healthy and moist.

Blinking has a 'windscreen wiper' action, spreading the tears across the eyeball as a tear film to keep the eye moist, healthy and free of debris. Blinking encourages an oily substance to be secreted from the lash lines. This substance forms the oil layer of the tear film and reduces the rate at which tears evaporate from the eye.

What causes or contributes to dry eye?

When the eye does not blink properly, the tears are not spread properly and also evaporate more quickly due to loss of sufficient oil in the tears.



Other factors that contribute to eyes being drier include:

Older age

Medications:

Decongestants, antihistamines, antidepressants and blood pressure medicine can all reduce tear production.

Gender:

Women can become more susceptible to dry eye problems due to hormone changes, for example during pregnancy, while taking the contraceptive pill and during menopause.

Other medical conditions:

Including rheumatoid arthritis, diabetes, Parkinson's disease and thyroid conditions. Conditions such as blepharitis and rosacea can affect the quality of tears and make dry eye problems worse. If you suspect you have any of these conditions then it is important to seek medical advice.

Dehydration:

Adequate tear production is reliant on the body being properly hydrated

Meibomian (My-Bo-Mee-Ann) gland dysfunction (MGD):

Meibomian glands are the glands responsible for producing special oil from the lash lines. If you have a weak blink, the glands may also not function properly and can get blocked / irritated.

MGD is a leading cause of dry eye syndrome and is associated with an eyelid problem called blepharitis where the lash lines and eyelids are inflamed and crusty. MGD is more likely to occur on the eye affected by facial palsy.



Diagnosis and treatment

How is dry eye diagnosed?

The diagnosis can often be made from a person's medical history and the symptoms described above.

If you do have symptoms / signs of a dry eye especially since developing facial palsy, an assessment of your eye health should be sought from an eye specialist.

Managing dry eye

Keep your body hydrated.

Drink at least six to eight glasses of water / dilutable juices and increase fluid intake in warmer weather.

Keep your eye(s) hydrated.

Use eye drops and / ointments as advised by your health professional. If the lubricants are preservative free, you may be encouraged to use them as often as your eye needs and this is a vital part of improving dry eye.

Always use preservative-free products if you need drops more than 4 times a day. This reduces the risk of irritation from the drops themselves.

Gel or ointments are better for night time as they are thicker and evaporate more slowly. They can blur vision which is why people do not like using them in the day but if your eye is very dry / irritated, ointments can offer more relief. Do not drive if your vision is impaired when using dry eye products.

There are hundreds of different drops / gels available. It can seem overwhelming. Not all products suit everyone. Seek advice if you are unsure.

Follow the manufacturer's advice for the best method to put the drops into your eye.

Always perform 2 manual blinks (see end of this leaflet) after each drop is placed in the eye so the drop is wiped over the surface of the eye effectively.

Treatment

Devices can be purchased to help put drops on the eye more easily and safely. Ensure the device is compatible with your drop bottle.



https://www.butterflies-eyecare.co.uk/products/opticare-eye-drop-dispenser-Opticare

Moisture chamber goggles can be helpful for some people with facial palsy and dry eye. One example is the soft silicone EyeSeal. It comes in clear and smoked versions and is comfortable enough to sleep in. The smoked version blocks out daylight for sleeping. It cannot be used as sunglasses.



https://www.butterflies-eyecare.co.uk/products/eyeseals-40-with-secure-wrap-EYESEAL

Environmental hydration

Reduce the use of air-conditioning, fans and central heating in your environment. They have a drying effect on the eyes. Avoid directing car vents towards your face.

A humidifier can be useful for people with dry eye problems. Humidifiers can be purchased from stores such as Argos.



You can check humidity levels in your home using a hygrometer (humidity meter); hygrometers can be purchased relatively cheaply online. People with dry eye problems may find they are more comfortable in the 50 to 55% humidity range.

An alternative when the heating is on is to place a saucer of water on top of a radiator or use a dedicated holder in the rooms you use most.



https://www.butterflies-eyecare.co.uk/products/radiator-humidifier-RadHum

Where **Meibomian gland dysfunction (MGD)** is evident, daily warm compresses using a specially designed eye bag or device can be very helpful. It can be followed by gently massaging along the lash lines with specialist eye wipes.



http://www.altacor-pharma.com/product/dry-eye/clinitas-antibacterial-eye-compress





https://www.butterflies-eyecare.co.uk/products/eye-doctor-tea-tree-eyelid-wipes

A more expensive option than a moist heat mask for MGD is the Blephasteam.https://www.eyewear-accessories.co.uk/collections/meibomian-gland-dysfunction-mgd-therapy/products/blephasteam?variant=31451754430575



https://www.eyewear-accessories.co.uk/collections/meibomian-gland-dysfunction-mgd-therapy products/blephasteam?variant=31451754430575

Punctal plugs

The punctum is a small hole on the inner aspect of the eyelid. There is one in the upper and lower eyelids. The punctum helps drain tears in to the nasal passages (the main reason our noses run when we cry).

A punctal plug is a tiny peg-like device that can be inserted by an eye specialist into the punctum to reduce the loss of tears and eye drops from the eye surface. They are not suitable for all people and there are different types available.



Protect the eyes

Be careful with fabric eye patches, these can scratch the eye if the eyelids are partially open underneath it.

Use of glasses. Reducing the effect of sun and wind / cold on the eye can be important. Sunglasses / clear glasses in a wraparound design are ideal.



Some companies can provide prescription lenses in their own wraparounds.

https://www.eyewear-accessories.co.uk/pages/getting-prescription-lenses-for-your-protective-eyewear

Specialist eyewear. Moisture chamber goggles (e.g. EyeSeal) have been discussed above and EyeSeal is softer for use at night. There are also daytime moisture chamber glasses that physically add moisture into the air between the glasses and the eye.



https://www.butterflies-eyecare.co.uk/products/tranquileyes-moisture-release-eyewear-TRANQMRELRM

There are companies that specialise in eyewear for those with dry eye. One example is:

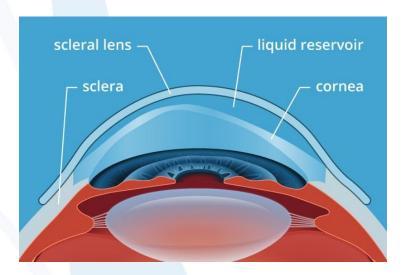
https://www.eyewear-accessories.co.uk/

Their moisture chamber glasses can be found on the link below.

https://www.eyewear-accessories.co.uk/collections/dry-eye-relief

Scleral contact lenses

An eye specialist might recommend scleral contact lenses. They are larger in size and a different shape to standard contact lenses. They cover and protect more of the eye ball and, because of their domed shape, they hold moisture beneath them on the eyeball.



Taping the eye

When eye closure is lost either partially or fully, the eye will dry out especially at night. Debris and bedding rubbing on the eyeball etc. can also add to the irritation / damage to the eye.

The goggles detailed above will physically protect an eye that is partly open at night.

Alternatively, you can hold the eyelids together with tape or film.

Holding the affected eye closed with tape or film for periods during the day can also provide some much needed relief. The safety implications of taping one eye shut in the day time must be considered and it is recommended that this be done when you can sit down and rest.

How to tape the upper eyelid.

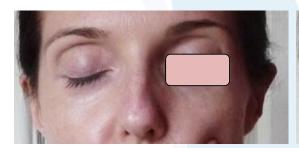
This brings the upper eyelid down to meet the lower eyelid. Silicone based tapes are kinder to the delicate skin around the eye but may not stay stuck as long.



- Add drops or ointment to the affected eye and remove any excess from the skin around the eye
- Look both eyeballs down to relax the upper eyelids
- Use your index finger to roll the affected upper eyelid closed



Place a strip of tape vertically and / or horizontally with enough overlap from upper to lower lids to hold them together





When removing the tape, remove it slowly in a downwards direction to minimise pulling on the eyelashes.

The facial palsy team might recommend Glad Press N Seal.

It is a multipurpose film wrap similar to cling film. As it is produced for food storage purposes it is a hygienic product to use on the eyelids. It is not available in UK shops so needs purchasing online via e.g. Amazon.



Unlike tape, there is no adhesive in Press N Seal – it uses the texture on the film to stick to the skin.

One side of the film feels slightly 'tacky' – that is the side you press onto the eye socket.

Cut a circular piece of wrap slightly bigger that the size of your eye socket



Roll the affected lid down as shown for taping



• Press the film down firmly into the eye socket so all the film sticks to the lids and the skin below the lower eyelid.

A sleep mask or stretchy neck warmer can be used over the tape or film for added security.

https://www.amazon.co.uk/Manta-Sleep-Mask-Adjustable-Deepest-possible/dp/B07PRG2CQY



Eyelid weights

Adding a small weight onto the outside of the skin of the upper eyelid can help eye closure by using gravity to draw the lid downwards.

Your surgeon might suggest placing a platinum weight under the skin of the upper eyelid to assist eye closure.

Separate information will be provided on this if your team think you would benefit from eyelid weighting.

How to support the lower eyelid

A lax lower eyelid can contribute to a dry eye. Surgery to correct the lower eyelid position might be required. Using tape to reposition the lower eyelid can be a useful temporary measure to make the eye more comfortable.

- Place the end of a narrow strip of Transpore tape or a Steristrip below the lower eyelid (black star) in line with the pupil. Avoid the delicate skin just below the lash line.
- Use tension on this anchor point to draw the lower lid up at an angle and stick the tape down to the temple
- A second vertical strip can be anchored at lower temple (black circle) and use the anchor
 point to lift the skin vertically before sticking rest of tape strip to the skin of temple.





Your therapist will practice this technique with you if it is recommended.

Manual 'blinks'

These are important to spread tears / drops across the eye when your eye closure is incomplete and they help to keep the eyelid supple.

Blinking occurs less frequently when on computers, driving, reading, watching TV. Take regular breaks from screens, use hydration and facilitate your eye closure often. Taking care of your eyes when working on a screen applies even when / if your eye closure returns.

Perform manual blinks at least once every 15 minutes if your blink and your eye closure are poor and always do so after using drops.

Follow this sequence:-

- Look both eyes down to relax the eyelids
- Use side of (clean) index finger to roll upper lid down to meet lower lid



- Release
- Use finger to push lower eyelid up to meet upper eyelid



Repeat sequence once more.

Useful Contacts

Facial Palsy UK is a national charity dedicated to helping those affected by facial palsy, regardless of the cause of the palsy. Their mission is to promote access to the best information, treatment and support available.

https://www.facialpalsy.org.uk/

Email: info@facialpalsy.org.uk

Enquiries: 0300 030 9333

The Facial Palsy UK Cheshire and Mersey Support Group is held every other month in Liverpool – for further details go to:

https://www.facialpalsy.org.uk/support/local-groups/cheshire-mersey-facial-palsy-group/ or call the number above.

Changing Faces is a national charity helping those with visible difference from any cause such as birthmarks, scarring, facial palsy. The have some excellent self-help sections on their website and a counselling service.

https://www.changingfaces.org.uk/

Email: info@changingfaces.org.uk

Enquiries: 0345 450 0275

Plastic surgical secretaries

Vanessa Baron, secretary to Mr Benson and Helen Martin 0151 430 1864

Maria Naylor, secretary to Mrs Harper Machin 0151 430 1044

Pam Giblin, secretary to Mr Igbal 0151 430 1401

Email for Helen Martin - Helen.martin@sthk.nhs.uk



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