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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Bell's Palsy

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Bell's palsy is sudden weakness or paralysis of one side of the face — inability to smile, close the eye, or raise the eyebrow on that side — developing over hours to a day or two. It results from swelling of the facial nerve as it passes through a narrow bony canal. The most important fact: the large majority recover fully.

How does it happen?

The trigger is thought to be reactivation of a herpes-family virus, causing inflammation and compression of the facial nerve within its bony channel. It is more common in pregnancy, diabetes, and after viral illness. It is not a stroke — Bell's palsy affects the entire half of the face including the forehead, while strokes typically spare the forehead.

Common symptoms

- Sudden one-sided facial weakness or paralysis — drooping mouth, inability to close the eye or raise the eyebrow
- Drooping of the mouth corner; drooling; trouble keeping food in the cheek
- Inability to fully close the eye — with dryness and irritation risk
- Altered taste on the front of the tongue; sound sensitivity on that side
- Pain behind the ear often preceding the weakness by a day or two

How is it diagnosed?

Diagnosis is clinical; the key task is distinguishing it from stroke, tumors, Lyme disease, and other causes — forehead involvement pattern and associated features guide this. MRI or testing is done when the course is atypical (progression beyond 3 weeks, no improvement by 3-4 months, or recurrent palsy).

How is it treated?

Steroids started within 72 hours significantly improve the odds of complete recovery — this is the one time-critical intervention. Antivirals are sometimes added in severe cases. Eye protection is essential while the lid won't close: lubricating drops by day, ointment and taping at night, to prevent corneal damage. Most patients need no other treatment; facial physical therapy and, for the minority with lasting problems, Botox (for synkinesis) or surgical options exist.

What does the future hold?

About 85% of patients begin recovering within 3 weeks and recover fully or nearly fully; most of the rest improve substantially over 3-6 months. Incomplete recovery can leave mild residual weakness or synkinesis (linked movements, like the eye closing when smiling), which is treatable with specialized therapy and Botox. Recurrence is uncommon.

Questions patients commonly ask

Q: Is this a stroke?

A: No — Bell's palsy involves the whole half of the face including the forehead and eye closure; stroke typically spares the forehead. Sudden facial weakness still warrants immediate evaluation to confirm which it is.

Q: How do I protect my eye?

A: Lubricating drops several times daily, ointment at night, and taping the lid closed for sleep; report any pain, redness, or vision change immediately.

Q: Will my face go back to normal?

A: Odds are strongly in your favor — most recover completely, especially when steroids are started early.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673
- **Facial Pain Association** — facepain.org

(Organization contact details were current at the time of compilation; please verify online.)

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