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## EYE CLOSURE WEAKNESS

There is a nerve that controls the muscle that closes the eye and allows the eyelid to blink. This nerve is called the *Facial Nerve* or the *7<sup>th</sup> Cranial Nerve*. If this nerve doesn't work correctly, then the eye muscle can not blink or close the eyelid. This situation is called "*Facial Nerve palsy*," "*7<sup>th</sup> Nerve palsy*," or "*Bell's palsy*."

Some palsies recover function by themselves, but return of nerve function can be a slow healing process that may take 6 - 18 months before the degree of final recovery can be determined.

In addition to the awkward appearance of having an eyelid that doesn't close properly, a 7<sup>th</sup> Nerve palsy can be very dangerous to your eye. If your eye dries out, because your eyelid doesn't blink tears across its surface, then your eye can become **very** painful, and vision may be lost.

Almost everyone with a 7<sup>th</sup> Nerve palsy needs to use artificial lubricants.\* These should be used during the day, and an extra thick ointment should be used just before you go to bed at night. The ointment will blur your vision, so it should be washed out in the morning with an eye wash.\*

In addition, for your specific situation, to best protect **your** eye, we recommend:

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|--|--|
| <input type="checkbox"/> Implantation of a Gold Weight into the eyelid | <input type="checkbox"/> Bedside humidifier use          |
| <input type="checkbox"/> Punctal occlusion**                           | <input type="checkbox"/> Avoid ceiling fans / other fans |
| <input type="checkbox"/> Surgery to elevate your lower eyelid          | <input type="checkbox"/> Wrap-around glasses             |
| <input type="checkbox"/> Correction of your droopy eyebrow             | <input type="checkbox"/> Occlusive dressing at night     |
| <input type="checkbox"/> Facial re-animation surgery                   |  |
| <input type="checkbox"/> Partial closure of the eyelids                |  |
| <input type="checkbox"/> Eyelid spring implantation                    |  |

**\*Please see our literature entitled "Tear Supplements"**

**\*\* Please see our literature entitled "Punctal Occlusion"**

## **Fans**

Fans, like the wind outside, may cause your eyes to dry out more quickly and should be avoided.

## **Occlusive Dressings**

There are three types of occlusive dressings that may be applied to the eye to keep it lubricated throughout the night:

1. Tape. You may tape your upper and lower eyelids together at night, or tape a patch over your eye, but with time, the skin will become irritated by the tape.
2. Opsite Dressing. These are clear plastic dressings that are sticky and can be purchased at some pharmacies (call ahead to be sure they have them). Ointment is placed in the eye, and then the dressing is pressed directly over the closed (as well as you can) eye. The dressing will stick all around the eye, but it won't stick to the eye. This acts as a moisture chamber to keep the eye wet all night. Some people may eventually develop skin irritations from the adhesive.
3. Vaseline and Saran Wrap. If you sleep only on your back, this may be a good solution for you. Put Vaseline around your eye, and then place on a small piece of Saran Wrap. The plastic will stick to the Vaseline, but not to your eye, acting as a moisture chamber. If you are a restless sleeper, then this will make a horrible mess.

## **Wrap-Around Glasses**

These are to protect your eyes from wind and dirt during the day. Any brand is fine. Find one that fits most snugly around your eyes. Tint is probably a good idea.

## **Surgeries:**

All of the surgeries listed below are performed as an out-patient at any of the Houston area hospitals. Each surgery takes from 15 - 30 minutes only. No patient has ever complained that any of these surgeries are significantly painful. After surgery, there is a heavy activity restriction for about a week. In most cases, the stitches that we use will absorb by themselves.

## **Elevating the Lower Eyelid**

With time, the muscle that keeps the lower eyelid in a normal position may sag, and the lower eyelid then falls down, causing further exposure of the eye. Correcting this problem will improve both appearance and eye protection. There is one important stitch under the skin at the corner of the eye that takes about 6 weeks to dissolve. During this time, firm pressure against the stitch may cause some soreness.

## **Gold Weight Implant**

We actually place a pure gold implant into the eyelid. The incision is hidden in the upper eyelid crease, and gold is chosen because it is both heavy and non-reactive to body tissues. The good news is that this can be very helpful for eyelid closure, and, if desired, it can be taken out at any time. The bad news is that it may require occlusive dressing use at night or head elevation on an extra pillow. Also, in some patients with thin skin, the implant may be visible as a bulky rectangle under the skin of the eyelid.

## **Eyelid Closure (Tarsorrhaphy)**

This is a technique that works well to protect the eye and is reversible. That is, the eyelids can always be opened up again. The bad news is that it is cosmetically disfiguring and significantly decreases peripheral vision.

### **Facial Re-animation**

There are a number of techniques available to graft nerves and attempt to restore function to either the eyelids or the lower half of the face. If we believe that this surgery would be in your best interest, then we would be happy to refer you to a number of surgeons who specialize in this particular work.

### **Correction of Droopy Brow**

Many people with a 7<sup>th</sup> Nerve palsy develop a droopy brow. This often decreases the superior field of vision and can be easily surgically corrected. There are four basic techniques available for droopy brow lifts: coronal approach, endoscopic approach, mid-forehead approach, and suprabrow or direct approach. We will discuss these options with you in detail, if necessary.

### **Eyelid Springs**

You may hear or read about eyelid springs. These are fine wires that are coiled and implanted into the eyelid. The idea is to spring the eyelid closed at all times, unless purposeful opening of the eyelid is desired. The biggest problem with these springs is that they can migrate through your tissues and extrude (come out). If they come out through the front part of the eyelid, they may cause infection or create a scar. If they come out through the back part of the eyelid, they may seriously damage the eye. For the vast majority of patients, we do not recommend this procedure.

### **Punctal Occlusion**

This is a very rapidly performed procedure. It takes about 5 minutes and can be completed in the office. We will provide you with specific literature on this procedure.