Facial nerve palsy following parotidectomy: A 3-year experience at a tertiary Head & Neck referral centre.

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ABSTRACT

INTRODUCTION

A fundamental principle of performing a parotidectomy includes identification and preservation of the facial nerve.

Electrophysiological facial nerve monitoring during parotidectomy has become routine allowing confirmation of the presence of the facial nerve and therefore aiding its preservation.

The incidence of facial weakness following parotidectomy reported in the English literature ranges from 13-30% for temporary to 0.6% for permanent.

Human facial expression plays an important role in interpersonal communication and facial palsy after head and neck cancer has been associated with higher rates of suicide and depression.

METHODS AND MATERIALS

At our ENT tertiary referral university teaching hospitals with two head and neck consultants, we recorded all parotidectomies performed between 01/01/2009 and 01/03/2012.

The analysis was using the patient’s clinical and operative records. The grade of the surgeon, the operation, and the presence of a Neurosign® facial nerve monitor were recorded.

House-Brackmann scores were recorded pre-operatively and immediately post-operatively as well as daily until discharge. Patients were followed up in outpatient settings until resolution of the palsy and the length of time until recovery of facial nerve function was recorded.

Eye care and SALT input were obtained if a palsy was present and surgical options offered to permanent palies in the follow up clinic.

RESULTS

Of the 6 permanent facial nerve palsies, all of these were for malignancy. These patients had a resulting House-Brackmann of between III-V. Palsy rates for only superficial parotidectomies were 37% (temporary) and 5% (permanent).

In patients with temporary facial nerve palsy, mean recovery time was 4.3 months (range 24 hours-12 months). Patients with permanent palsies were followed up and offered steroids, physiotherapy, electrophysiological studies and surgical intervention as required.

There was no significant difference in palsy rates with the grade of operating surgeon or the use of a nerve monitor nerve grade.

CONCLUSION

Facial nerve palsy is a distressing and debilitating complication of parotidectomy, not only functionally but aesthetically and socially. Informed consent is an important part of pre-operative assessment and accurate facial nerve palsy incidence rates should be discussed with patients.

REFERENCES


3. https://wiki.uiowa.edu/