

Eye Care in Facial Paralysis

Facial paralysis occurs when some of the muscles of the face are either weak or paralyzed. There are many causes such as:

- Bell's palsy
- Stroke
- Infection
- Trauma
- Some types of tumors

All types of facial nerve paralysis may affect your ability to close your eyelids all the way.

Incomplete Eye Closure (Lagophthalmos)

Incomplete eyelid closure can result when the upper eyelid does not close, does not properly blink, or when the upper and lower eyelids do not make a tight seal. Certain types of facial paralysis may also decrease tears. These issues can cause severe drying of the eye. You must protect the eye when it cannot close or blink. **It is important that the eyelids close completely when sleeping and blinking.** Poor closure may lead to Exposure Keratopathy.

Signs of Eye Irritation (Exposure Keratopathy)

- Burning or eye pain
- Decreased or blurry vision
- Sensitivity to light
- Dry eye or a gritty sensation
- Eye watering
- Red eye

Exposure Keratopathy can lead to decreased vision, infection, scarring, and loss of the eye in extreme cases. **See a doctor right away if you have any signs of eye irritation.**

Treatment

You must take steps to protect the exposed surface of the eye if you have incomplete eyelid closure. This will help to avoid permanent damage.

All patients with incomplete eye closure should lubricate the surface of the eye. You can do this with either ointment or eye drops. Treatment options include:

- Frequent use of lubricating drops called artificial tears.
- Nighttime lubricating ointment with eye patching or taping.
- Wrap-around sunglasses, goggles, and moisture chambers.
- External upper eyelid weights or surgery.

Ointments can be more effective than eye drops at adding moisture to the eye, but they can cause some blurry vision.

Apply "artificial tears" at least 3-4 times a day. Sometimes you may need to use them every hour. Common brands include:

- Systane®
- Refresh®

Gel tears can be used in place of regular "artificial tears" but can temporarily blur vision. Common brands are:

- Refresh Optive Gel Drops®
- Blink Gel Tears®
- Genteal Gel Drops®

Use the ointments before bed, or if drops do not provide enough lubrication. Common ointments include:

- Genteal®
- Lacri-lube®
- Refresh PM®

Other Treatments

Let your eye doctor know if you still have eye irritation, light sensitivity, or decreased vision after using drops or ointments.

Your doctor may suggest a moisture chamber or eye patch. Taping eyelids shut can also be done at night. Discuss how to do this with your doctor to avoid hurting the eye. Eyeseals® is a common moisture chamber.

You can also use swim goggles. Wear large or wraparound sunglasses to protect the eye from wind or dust when outside.

Upper Eyelid Weights

For some patients, we can place a weight to help the upper eyelid close. These work with gravity to help the eye close when sitting upright or with the head slightly raised in bed. Options include:

- **Blinkeze® External Lid Weights -** For patients with short-term incomplete eye closure, a stick-on weight is useful to try. **This is very useful during the daytime when sitting upright.**

- **Gold or Platinum Eyelid Weight Surgery -** A gold or platinum weight surgically placed into the upper eyelid may help with eye closure. The weight can be taken out later if needed.

Your eye doctor may give you other options. Your doctor may suggest a suture (stitch) to keep your eyelids together. This is called a temporary tarsorrhaphy. Punctal plugs or eyelid surgery might be other options to improve the position and support of the lower lid.

Who to Call

To schedule a visit with UW Health General Ophthalmology or Optometry, please call **(608) 263-7171**.

If your facial paralysis lasts for more than three months, you may ask your doctor to refer you to the UW Facial Nerve Clinic.

To schedule a visit with the UW Facial Nerve Clinic call **(608) 263-6190**.

To find out more about facial paralysis, please visit our website at:
<http://www.uwhealth.org/facialnerve>.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7613