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FACIAL PARALYSIS

(Paresis of facial nerves)

SHORT INFO

This reconstruction technique is very intricate and requires great motivation on the part of the patient, but will frequently also make up for this with very good results.

Facial paralysis can come about as a consequence of a tumour, after accidents and inflammations, but also spontaneously. While the disfigurement caused by the dysfunction of mimetic muscles in one half of the face is in the foreground from an aesthetic perspective, the functional defects are a much heavier burden for the person concerned. Because the eyelid is not completely closed, the eye will be prone to tears and chronic conjunctivitis (inflammation). The inability to close the mouth means that saliva, liquids and food can not be contained, socially isolating the person concerned when he or she is eating. The breathing through the nose can furthermore be limited, and articulation defects may lead to the typical slurred speech.

In my opinion, any surgical reconstruction hence not only needs to be aimed at remediating the functional deficits, but also at enabling facial expressions that are as natural and symmetrical as possible for the person concerned.

After decades of scientific research and continued advancement of the surgical techniques, I have established a three-stage concept that puts these ambitious aims within reach. To replace the destroyed facial nerve, a nerve transplant from the healthy facial nerve is initially "pre-positioned" in the damaged half of the face in the first of altogether three operations. After ca. six months, new nerve fibres will have grown from the healthy to the affected half of the face by way of this nerve transplant. Now that the required nerve impulses are provided where they are needed, a second operation serves to replace the slackened facial muscles with a new, powerful muscle. This muscle (musculus gracilis) can be taken from the inside of the thigh without causing any functional deficits there. Microsurgery is then used to connect it to the pre-positioned nerve, from which it will get its impulses in future. It will now take another six months and intensive physiotherapy until the nerve fibres have grown into the new muscles and will provide for the first visible muscle movements. The coupling to the healthy nerve can thus enable a natural and symmetrical smile. If minor asymmetries should remain, the corresponding corrections can be performed in a third operation. This last stage is not required for all persons concerned, however.

Further detailed information: www.facialiszentrum.at