Referral of Facial Nerve Palsy to Specialist Care According to NICE (2012) Guidelines

Rowe. A¹, George. S² & Harper-Machin. A³
1. University of Liverpool 2. St. Helens and Knowsley Teaching Hospitals NHS Trust 3. St. Helens and Knowsley Teaching Hospitals NHS Trust

Introduction:

- Facial nerve palsy (FNP) is a serious problem that requires timely referral in order to prevent serious psychological sequelae.
- The UK annual incidence of FNP is up to 37.7 per 100,000 people, occurring in those aged 15-60, diabetics and pregnant women (1, 2).
- 29% of people with FNP will not recover normal facial nerve function and live with residual paralysis (defined in this study as lasting >6 months) (3).
- NICE (2012) guidance recommends referral to a plastic surgeon (with a special interest in facial reconstruction) if there is residual paralysis after **6–9 months** (4).

Aim:

- **Primary outcome:** to determine how many people with an unresolved FNP are referred to a facial reconstructive plastic surgeon within 6-9 months.
- **Secondary outcomes:** aetiology of residual FNP and how many FNP cases are referred to specialists other than plastic surgery.

Methods:

- We performed a retrospective audit of all patients presenting with FNP to the trust between April 2016 and March 2017. Data was obtained from electronic patient records and operation notes.

Results:

- N=85 patients were identified, N=40 excluded (for not being referred to a specialist) giving a final sample of **N=45**. 22/45 patients had a residual FNP.
- 33 were female (73%) and 12 were male (27%) (M:F ratio 1:2.75).
- The average age was 60 (Median age 66).
- Plastic surgery was the most common specialty referral regardless of FNP duration (20/41)
- This was excluding recurrent FNP and one patient who was referred to an unknown specialty
- The other specialties referred to can be found in **Chart 1**.

Chart 1: Specialist Referral (n=41)

References: 1. Davis A, Gilhooley M. Bell's palsy. InnovAiT. 2016;9(2):93-8. 2. Morales DR, Donnan PT, Daly F, Van Staa T, Sullivan FM. Impact of clinical trial findings on Bell's palsy management in general practice in the UK 2001–2012: interrupted time series regression analysis. BMJ open. 2013;3(7):e003121. 3. Glass GE, Tzafetta K. Optimising treatment of Bell's Palsy in primary care: the need for early appropriate referral. Br J Gen Pract. 2014;64(629):e807-e9. 4. National Institute of Clinical Excellence. Bell's Palsy 2012 [Available from: <https://cks.nice.org.uk/bells-palsy#!scenario> (Accessed 18th March 2018)]

- Median time from diagnosis to specialist referral was 6 years (N=21, 1 not documented)
- 18/22 patients with a residual FNP were referred plastic surgery. Of these, only four (18%) were referred within 6-9 months.
- Reasons for why they were not referred as per guidelines can be found in **Chart 2**.

Chart 2: Reasons for Late Referral (n=14)

- Post-operative complications were the main cause of residual FNP 12/22 (55%- see **Chart 3**), followed by Bell's palsy, 7 (32%), Ramsay hunt syndrome, 2 (9%) and congenital, 1 (4%).

Chart 3: Sub-group analysis of post-operative complication aetiology

Conclusion:

- **82%** of patients with a residual FNP were **not** referred to a specialist plastic surgeon within 6-9 months.
- Most referrals for FNP were made to **plastic surgery**, followed by ENT, ophthalmology and neurology.
- The most common cause of residual FNP were **post-operative complications**. (50% from acoustic neuroma resections).

Way Forward:

Raise awareness:

- Contact primary care physicians to make clear the service provided by the trust and current referral guidelines for FNP.

Review of NICE guidance:

- Reduce the point of referral <6 months since treatment is time-dependent, with limited treatment options at 12 months.
- We found in our study that most patients referred were approaching 12 months of having a residual FNP.