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Dr. D.J. Verret

Learn about the latest innovations in facial rejuvenation.

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Invest in Yourself

With the recent economic down turn, it is more important than ever to invest in your most precious commodity - yourself. Recent research has shown an increase in cosmetic procedures in executives and people back in the search for work. One study even suggested that Botox® Cosmetic could improve first impressions. For men, hair transplants can give a more youthful head of hair and a younger appearance. To explore all of your options for facial rejuvenation, call Dr. Verret's office for an appointment today - 972.608.0100.

Bell's Palsy

What is Bell's palsy?

Bell's palsy is a form of facial paralysis with no known cause. It is generally considered a diagnosis of exclusion and is made when all other causes of facial paralysis have been ruled out. To be considered Bell's palsy, a facial paralysis should involve all the muscle groups on one side of the face, be sudden in onset, have the absence of signs of central nervous system disease, and have an absence of signs of ear or cerebellopontine angle disease. Care must be taken in the initial workup of Bell's palsy to ensure that the facial paralysis is not caused by tumor, autoimmune disease, or other causes.

What causes Bell's palsy?

The exact cause of Bell's palsy is unknown. There are several proposed causes but none have been definitely proven.

How do you treat Bell's palsy?

There is no consensus on the treatment of Bell's palsy. Most physicians will consider

a mixture of steroid treatment, antiviral treatment, and in the most severe cases surgery.

Patients who suffer from Bell's palsy or any type of facial paralysis have several obstacles to overcome. The first is drooling which can occur because of lack of motor control of the lips. The second and more important is ensuring that the eyes remain moist and do not dry out. With facial paralysis, the normal tearing mechanism does not function properly and patients can suffer from dry eyes which can lead to corneal abrasions and problems with vision. To counter this, patients must regularly use eyedrops and sometimes undergo procedures to close the eyelids until function has returned.

What is the prognosis with Bell's palsy?

Fortunately, complete recovery is the rule after an episode of Bell's palsy. Approximately 80-90% of patients will recover completely. Of the remaining patient's most will recover some if not most of their facial nerve function without a significant complication.

What if I don't have return of function?

Though rare, persistent facial paralysis after Bell's palsy can be a debilitating problem. For patients with facial paralysis of any cause, not just Bell's palsy, there are several options for rehabilitation.

- When paralyzed, the brow can droop causing difficulty seeing. In order to counter this droop, a surgery can be performed which raises the brow and sets it in a new position. The procedure is similar to forehead lifts performed for cosmetic reasons.
- Closing the eye completely can be a problem in patients with facial paralysis because of inability to control the orbicularis oculi muscle. By implanting a gold weight into the upper eyelid, the eyelid can be helped to close and thereby keep the eye from drying out.
- Patients who have facial paralysis can have pull down of the lower eyelid and difficulty keeping the eye moist. In order to combat this problem, several procedures can be undertaken. First, if the lower eyelid is lax, a lower eyelid tightening procedure called a canthoplasty or canthopexy can be performed. Second, in order to take the weight off of the lower eyelid causing the pulldown, a midface lift can be performed to pull the cheek back into its normal position.
- For patients who suffer from drooling because of difficulty moving their mouth and difficulty breathing through their nose because of collapse of their nose several procedures are available which can help. By taking tissue from the leg, using synthetic material, or using the masseter muscle, a connection can be made between the masseter or temporalis muscle which are not controlled by the facial nerve to the muscles surrounding the mouth and nose. In this way,

by clenching the teeth, the muscle is pulled tight and the patient can appear to smile and close the mouth. Though this takes some training, it can be a useful adjunct to other procedures for facial rehabilitation.

While this is not a complete list of possibilities, evaluation of a patient with persistent facial paralysis should be undertaken by a neurologist or head and neck surgery specialist.

Question of the Day - What causes hair loss?

To go through the entire list of causes of hair loss would take 10 minutes to download even on a broadband connection. The most common cause of hair loss is androgenic alopecia - or in men, male pattern baldness. For a thorough discussion of hair loss and treatments for hair loss, visit Dr. Verret online at <http://drverret.com>.

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