



### Introduction

- Facial paralysis can have significant impact on functional and psychological outcomes<sup>1,2</sup>
- Static and dynamic techniques can address facial asymmetry at rest and when making facial movements<sup>2-4</sup>
- Disease-specific quality of life outcomes improve following facial reanimation surgery<sup>5</sup>
- Less is known on the impact of overall quality of life on facial paralysis outcomes following facial reanimation surgery

### Methods and Materials

- Disease specific quality of life was measured using the Facial Clinimetric Evaluation Scale (FaCE)
- Overall quality of life was measured using the Euro-QoL 5-Dimension global quality of life questionnaire (EQ5D)
- Patients with facial paralysis were prospectively administered the FaCE and EQ5D prior to and following facial reanimation surgery
- Short term (1-6 month) and long term (6-12 month) post-operative data was collected
- Statistical analysis was performed using the independent samples Mann-Whitney U test

### Results

- Patients who reported anxiety/depression had a lower FaCE social function score at long term follow-up (p=0.033)
- Patients who reported difficulty performing daily activities had a lower FaCE social function scores at short-term (p=0.03) and long-term (p=0.033) follow-up
- Patients who reported difficulty with self-care had a lower overall FaCE score at short term follow up (p=0.03)
- These findings were not present preoperatively
- There was no relationship between EQ5D domains of mobility or pain/discomfort and FaCE outcomes at any timeframe

**Table 1.** Demographic Data

Variable	Number (%)
<b>Total</b>	18
<b>Gender</b>	
Male	10 (55.6)
Female	8 (44.4)
<b>Age</b>	52.9 (StD 18.1)
<b>Paralysis</b>	
Flaccid	13 (72.2)
Non-flaccid	5 (27.2)
<b>Reanimation type</b>	
Static	8 (44.4)
Dynamic	1 (5.6)
Static and dynamic	9 (50.0)

**Table 2.** Baseline, Short-term and Long-term Counts of Reporting Issues with EQ5D Domains

	Base	Short	Long
	Yes (%)	Yes (%)	Yes (%)
<b>Mobility</b>	2 (18.8)	2 (15.4)	2 (20)
<b>Self-care</b>	1 (9.1)	2 (15.4)	2 (20)
<b>Usual activities</b>	4 (36.4)	2 (15.4)	3 (30)
<b>Pain/discomfort</b>	4 (36.4)	6 (46.2)	4 (40)
<b>Anxiety/depression</b>	1 (9.1)	3 (23.1)	3 (30)

**Table 3.** FaCE Score at Baseline, Short-term, and Long-term Comparing Those Reporting QoL Issues by EQ5D Domain

	Base			Short			Long		
	Yes	No	P-value	Yes	No	P-value	Yes	No	P-value
Mobility	46.9 (34.4)	52.8 (5.4)	0.91	42.7 (21.9)	54.2 (6.1)	0.64	31.9 (11.9)	55.8 (8.4)	0.27
Self care	37.5 (*)	53.1 (6.9)	0.55	20.4 (0.4)	58.2 (5.1)	<b>0.03</b>	**	51 (7.6)	**
Usual activities	55.2 (9.5)	49.7 (8.9)	1.0	20.4 (0.4)	58.2 (5.1)	<b>0.03</b>	28.3 (10.9)	60.7 (7.3)	0.07
Pain/discomfort	43.8 (15.2)	56.3 (5.6)	0.41	46.8 (9.3)	57.2	0.45	45.9 (12.3)	54.4 (10.3)	0.61
Anxiety/depression	12.5 (*)	55.6 (5.6)	0.18	20 (11.6)	58 (5.9)	0.16	28.3 (10.9)	60.7 (7.3)	0.07

\*n=1; \*\*n=0; ()=Standard error of the mean

### Conclusion

Patients who reported anxiety/depression, difficulty performing daily activities, and difficulty with self-care had worse self-reported facial paralysis and social function scores after facial reanimation surgery.

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### References

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