Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · URGENT CARE AND NEUROLOGY

Bell's palsy

steroids work — if they start within 72 hours

Bell's palsy is sudden weakness of one side of the face caused by inflammation of the facial nerve. It is frightening and is frequently mistaken for a stroke. Most people recover well, and treatment started within three days measurably improves the odds — which makes this a same-day problem.

Call 999 — this may be a stroke, not Bell's palsy — if there is

- facial weakness **with the forehead still working** (able to raise the eyebrow and wrinkle the forehead)
- **arm or leg weakness**, or numbness on one side
- **slurred speech**, or difficulty understanding
- **sudden severe headache**, confusion or drowsiness
- **double vision**, or difficulty swallowing

The distinction that matters: in Bell's palsy the **whole** side of the face is affected, including the forehead and eyelid. In a stroke the forehead is usually spared, because that part of the face has a nerve supply from both sides of the brain. If in any doubt, call 999. The nearest emergency department is the Royal London Hospital, Whitechapel Road, London E1 1FR.

What you may notice

- drooping of one side of the face, often coming on over hours and worst by 48 hours
- inability to **close the eye** on that side, or to blink
- drooling, food collecting in the cheek, difficulty drinking from a cup
- **pain behind or below the ear**, often a day or two before the weakness
- altered taste, and sounds seeming uncomfortably loud on that side
- a dry or watering eye

Treatment is time-limited

Oral steroids started within 72 hours of the weakness beginning significantly improve the chance of full recovery. After that window the benefit falls away. This is why Bell's palsy is a same-day appointment rather than something to see how it goes over the weekend. If there is a blistering rash in or around the ear, or severe ear pain, an antiviral is added — that combination suggests Ramsay Hunt syndrome, which has a poorer outlook and needs prompt treatment.

Protecting the eye — the part that causes lasting damage

If the eye will not close, the surface dries out and can ulcerate, which can permanently affect sight. This is the most important thing you do at home.

1. **Lubricating drops** during the day, as often as hourly at first.
2. **Thicker ointment at night**, when the eye is most at risk.
3. **Tape the eyelid closed at night**, gently, with micropore tape — ask us to show you.
4. **Wear glasses or sunglasses** outdoors to protect from wind and dust.
5. **Seek help the same day** if the eye becomes red, painful or your vision changes.

Recovery

2–3 weeks
when improvement usually begins

3–6 months
for most of the recovery

Most
recover completely or almost completely

Recovery is usually gradual. A minority are left with some residual weakness, tightness, or involuntary movements — the eye closing when the mouth moves, for example. Facial physiotherapy helps, and forceful exercises early on are best avoided; gentle, controlled movement is more useful than effortful grimacing.

When to be reviewed

- no improvement at all after **three weeks**
- the eye becoming red, painful or vision changing — the same day
- weakness that is worsening after 72 hours, or that recurs
- any new neurological symptom

The 72-hour window is the reason to come to us rather than wait. We are open seven days a week, 9am–7pm, with same-day appointments most days and no referral needed — so treatment can start on the day it will do the most good. We can examine you, exclude the causes that need emergency care, prescribe steroids and eye protection immediately, show you how to tape the eye safely, and arrange physiotherapy and ENT or neurology input if recovery is slow.

Seen today — the treatment window is 72 hours

Same-day appointments seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **ENT (Ear, Nose & Throat)** · **Physiotherapy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on Bell's palsy. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.