

# Third Nerve Palsy

Information for patients, relatives and carers

## Orthoptic Department

① For more information, please contact: Patricia McCready

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## How do eye muscles work?

We have six muscles around each eye which move our eyes. Nerves from the brain make the muscles work; the nerves are like the electric wiring to the muscle. If a nerve isn't working properly the muscles it supplies becomes weak, or in some cases stops working altogether.

## What does the third nerve do?

The third nerve is responsible for moving four of the six eye muscles. It also supplies the upper eye lid and the muscle that causes the pupil to constrict (become smaller).

## How is the eye affected in a third nerve palsy?

The affected eye will be out of alignment and will not move properly. The lid of the affected eye may droop (ptosis) or be closed, and the pupil may be dilated. The degree to which movement is affected can vary. It could be complete so no movement or partial, (some movement).

## **What are the symptoms?**

- Double vision (diplopia),
- Difference in upper eye lid position (ptosis).

Lid position can vary; in some people the eye may be completely closed, in others there may be little or no ptosis.

Ptosis can act as a 'patch' and prevent patients noticing double vision.

## **What causes a third nerve palsy?**

The most common causes of a third nerve palsy are diabetes, or other conditions affecting the blood supply to the nerve (vascular). Other causes may need excluding and investigations may be necessary, such as a scan to establish the cause.

Sometimes a cause may not be found despite extensive investigation.

## **Will it get better?**

The palsy can improve over time, but there is no way of predicting how long it will take. Some people recover fully others may have a partial recovery and some people may see no improvement at all.

Most improvement occurs in the first six months after onset but can continue for up to 18 months.

## **Can it be treated?**

The first step is to treat the double vision either with a prism to artificially align the eyes and restore single vision or if this is not possible by covering an eye to eliminate the second image.

Then a period of observation is required to see if the palsy improves. In this time the strength of prism required may reduce as the palsy improves.

If the palsy fails to recover fully some people will benefit from having prisms built into their glasses or in some instances will benefit from corrective surgery.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Patricia McCready, Eye Clinic, The York Hospital, YO31 8HE, telephone 01904 6750 or email [patricia.mccready@nhs.net](mailto:patricia.mccready@nhs.net).

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [yhs-tr.patientexperienceteam@nhs.net](mailto:yhs-tr.patientexperienceteam@nhs.net)

An answer phone is available out of hours.

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