Patient Information Leaflet



Sixth Nerve Palsy

Information for patients, relatives and carers

Orthoptic Department

 For more information, please contact: Patricia McCready Tel: 01904 726750
Eye Clinic, The York Hospital, Wigginton Road, York, YO31 8HE

How do eye muscles work?

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

What is a sixth nerve palsy?

The sixth nerve supplies the eye muscles which are attached on the outer aspect of the eye (lateral rectus). The left lateral rectus moves the eye to the left and the right moves it to the right.

If the sixth nerve is not working (palsy) then the lateral rectus muscle will become weak and not work properly.

How does it affect the eye?

People with a sixth nerve palsy will be unable to move the affected eye outwards and the degree to which movement is affected can vary. It could be complete so no movement or partial, (some movement).

Because eye muscles normally work in pairs, its paired muscle, the medial rectus will be working too well and this will pull the affected eye in towards the nose creating a convergent 'squint'.

What are the symptoms?

Double vision (diplopia), patients often notice the images are side by side. The double vision is usually worse for distance and to the affected side. This may reduce or be absent for near.

'Blurred vision', that improves when you close one eye.

What causes a sixth nerve palsy?

The most common causes of sixth nerve palsy are high blood pressure, diabetes, TIA (transient ischemic attack/mini stroke) or stroke. Other causes might require further investigations such as a scan. Sometimes a cause may not be found despite extensive investigation.

Will it get better?

In most people the palsy will 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.

A period of observation is then 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.

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

An answer phone is available out of hours.

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