Prisms may be added to any glasses worn to join the double vision while investigations are being done and while the palsy is recovering.

Covering one eye may alleviate the symptoms if the diplopia is unable to be corrected by use of a prism or where glasses are not worn.

In cases where recovery does not occur or where recovery is not complete, surgery on the eye muscles may be indicated.

Progress will be monitored by the Orthoptist and Ophthalmologist and any treatment will be discussed and carried out when and if appropriate.
This leaflet is intended to answer some of the questions of patients or carers of patients, diagnosed with Third Nerve Palsy under the care of Western Sussex Hospitals NHS Trust.

**What is third (III) nerve palsy (also known as oculomotor nerve palsy)?**

This is weakness of the III (third) cranial nerve which is responsible for moving four of the six eye muscles which control eye movement.

A weakness of this nerve results in the affected eye being out of alignment with the other. This can result in vertical and horizontal double vision, often with the affected eye turning outwards and downwards.

This nerve also supplies the upper eyelid, so lid droop (ptosis) may be noticed and the pupil may also be affected where the pupil becomes enlarged and blurred vision may be a problem.

The condition generally occurs in only one eye but may occur in both.

**What is the cause?**

This weakness can be there from birth (congenital) where the nerve has failed to develop correctly in the womb, or acquired through the result of damage to the nerve.

The most common causes in adults are diabetes or other conditions affecting the blood supply to the nerve (vascular). There are also other rarer causes such as trauma, aneurysm, inflammation, stroke or tumour which may require further investigations.

**What are the symptoms?**

Intermittent double vision (diplopia) may be noticed where there is a problem controlling a congenital weakness, whereas double vision and lid droop may occur suddenly in acquired cases.

Sometimes the pupil may also have changed in size.

Symptoms of vertical and horizontal diplopia may be masked if the eyelid is drooping initially, but this may become more problematic when the lid muscle begins to recover or if the lid closure is not complete.

**How is it diagnosed?**

This will be confirmed by the Orthoptist and Ophthalmologist. Measurements will be made by the Orthoptist, while blood pressure and some blood tests may need to be carried out by the Ophthalmologist along with either a CT or MRI scan to help isolate the cause more precisely.

The types of tests you will need to have done will depend on your ages, general health and any pre-existing medical conditions you may have. In some cases the doctor will decide to wait to see how the third nerve palsy changes over time before organising tests such as a scan.

**How is it treated?**

Cases of congenital III nerve palsy in children should be monitored closely. Occlusion (patching) treatment of the good eye may be required to ensure development of vision in the affected eye.

Acquired cases of III nerve palsies where the cause is of vascular (blood vessel) origin generally recover over a period of time of up to 6–12 months.

If another underlying cause is discovered this may need to be treated with medication.