

Quality of Life Assessment After Microvascular Decompression for Hemifacial Spasm Using a Tagalog-Translated and -Validated HFS-7 Questionnaire

Jeanne Vyka F. Sarangay, MD¹; Jeremiah Garcia, MD¹; Oliver Ryan Malilay, MD, FAFN¹;
Joseph Erroll V. Navarro, MD, FAFN¹; Jose Carlos S. Alcazaren, MD, FAFN¹; Kenny S. Seng, MD, FAFN¹

Rationale/Objective: Hemifacial spasm (HFS) is painless, paroxysmal, repetitive twitching of the unilateral facial muscle initially starting with the orbicularis oculi progressing to mid and lower facial muscles. This condition can be disabling and affect quality of life. Microvascular decompression (MVD) offers the most permanent treatment and outcomes are measured through cessation of spasm. There are currently no Filipino-translated questionnaires to measure the quality of life (QOL) of patients with HFS.

This study translated and validated the HFS-7 questionnaire and used it to assess and compare the preoperative and postoperative QOL of patients with HFS following MVD.

Methods: The HFS-7 questionnaire was translated to Tagalog using a “forward-backward” translation method by 2 independent linguists. The translated questionnaire was validated by 4 expert neurosurgeons and were sent to 27 HFS patients to retrospectively assess pre-op and post-op QOL.

Results: Twenty out of 27 HFS patients answered the survey. Majority of HFS patients were middle-aged females. The Criterion Validity Index (CVI) showed a result of 1 which indicates good validity of the translated HFS-7. It has good reliability with Cronbach alpha score of 0.97. T-test comparing the pre-op and post op scores showed that there is a significant improvement in QOL of HFS patients after MVD.

Conclusion: In patients with HFS, MVD offers an improvement of postoperative versus preoperative quality of life measurements. The Tagalog-translated HFS-7 questionnaire is a valid and reliable objective tool in measuring this treatment outcome.

Key words: Microvascular decompression, hemifacial spasms, HFS-7, Quality of Life (QOL)

Hemifacial spasm (HFS) is a painless, paroxysmal and repetitive twitching of the facial muscle initially starting

with the orbicularis oculi and progressing to the middle and lower facial muscles. This is caused by a vascular compression of the facial nerve at the dorsal root entry zone most commonly by the anterior inferior cerebellar artery (AICA) followed by the posterior inferior cerebellar artery (PICA).¹

It is a rare condition with worldwide prevalence of 14.4 per 100,000 women and 7.2 per 100,000 men, usually occurring during the fourth to sixth decade of life.²

Management can be conservative with oral medications such as clonazepam, carbamazepine or gabapentin, however less than 10% of patients experience meaningful improvement. Another option is using botulinum toxin injected at the orbicularis oculi (upper and lower eyelids), corrugator, frontalis, zygomaticus major, buccinators, and masseter. This provides temporary relief lasting for 3-6 months.³

Microvascular decompression (MVD) provides best treatment for permanent relief. This is done through a retrosigmoid craniotomy and placing Teflon strips in between the cranial nerve VII and the offending vessel. Immediate postoperative relief is seen in 90% of patients undergoing MVD with a good 10-year resolution rate at 80-90%.¹

Hemifacial spasm can cause significant day to day disability, affect self image, career opportunities, and is associated with social stigma.^{1,4} There have been various studies published on the success as well as failure of medical and surgical treatment modalities for HFS, however there is limited research on the quality of life and social impact of HFS.

The HFS-7 is a self rating disease specific quality of life questionnaire that has been internationally validated to assess the severity of hemifacial spasm and response to treatment.⁵⁻⁶ It has been used to assess various domains

¹Section of Neurosurgery, Department of Surgery, Jose R. Reyes Memorial Medical Center, Philippines

such as activities of daily living, emotional well-being, social stigma and self-image.⁴⁻⁶

This study aimed to assess the quality of life (QOL) of patients with hemifacial spasm (HFS) following microvascular decompression (MVD). Specifically, it sought to: (1) translate and validate a Tagalog version of the HFS-8 questionnaire; (2) administer the validated HFS-7 to patients who had undergone MVD; and (3) compare preoperative and postoperative QOL using HFS-7 scores.

Methods

Study Design, Inclusion and Exclusion Criteria

This is a quasi-experimental study. Participants were adult patients who presented with hemifacial spasm at the Jose R. Reyes Memorial Medical Center (JRRMMC) from 2022 to 2025 that underwent microvascular decompression. Patients whose contact information was unavailable and did not consent to participate in the survey were excluded (Figure 1). This was approved by the JRRMMC Institutional Review Board (IRB# 2026-004).

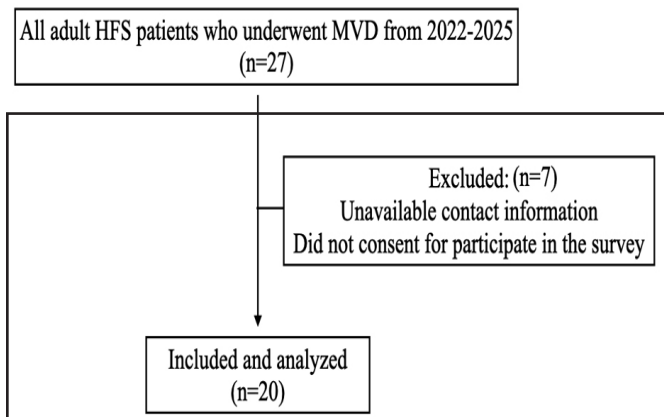


Figure 1. Flow chart summarizing participant selections.

Questionnaire Translation

The HSF-7 is a self-rating disease specific quality of life assessment questionnaire. It was reproduced from

Validation of a short disease specific quality of life scale for hemifacial spasm: correlation with SF-367 by E K Tan et al, with permission to translate to Tagalog from BMJ Publishing Group Ltd and a copyright license number 6240231414603.

It is a modified HSF-7 with items regarding driving, reading, watching television, depression, avoidance of eye contact, self-image, emotional well being and social stigma. The questions were scored on degree of disability from 0-4 (0-normal, 1-slight disability, 2-moderate disability, no functional impairment, 3-moderate disability, functional impairment, 4-severely incapacitated). The HFS-7 was translated to Tagalog by a “forward-backward” translation method. A Filipino professor from the Isabela State University translated the questionnaire to Tagalog. An independent Filipino professor from the same university, unfamiliar with the original English questionnaire, translated back to English the Tagalog HFS-7 questionnaire. Modifications were made by the authors. The final translated version was a consensus of the translators and the authors. (Figure 2)

English HFS-7 quality of life questionnaire adopted from Tan et. al	Tagalog HFS-7 translation
Had difficulty in driving	Nahihirapan magmaneho
Had difficulty in reading	Nahihirapan magbasa
Had difficulty watching televisions/movies	Nahihirapan manood ng telebisyon at mga pelikula
Felt depressed	Nakaramdam ng depresyon
Avoided eye contact	Pag-iwas sa direktang pagtitig sa mga mata
Felt embarrassed having this condition	Naramdamang ng pag-aalangan at kahihayan dahil sa pagkakaroon ng kondisyong ito.
Felt worried about other’s reaction to you	Nabahala tungkol sa reaksyon ng iba sa iyo.
0=normal	0- Normal.
1=slight disability	1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.
2=moderate disability	2- May ilang sintomas. Hindi nakaka-apekto sa pang-araw-araw na buhay at trabaho
3=moderate disability, functional impairment	3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.
4=severely incapacitated	4- lubhang nakaka-apekto. Seryosong kapansanan

Figure 2. Original HFS-7 English questionnaire and Tagalog translation.

Validity Testing and Statistical Analysis

Although the original English HFS-7 questionnaire⁷ was already validated, the Tagalog translation had to undergo re-validation to account for cross-cultural adaptation.

The Tagalog translation of HFS-7 was sent to four (4) expert neurosurgeons on microvascular decompression

for content validity. The authors followed the content validation procedure described by Yusoff et al.⁸ An online content validation form (Figure 3) was sent to the experts. The experts were asked to review each item in Tagalog translated HFS-7 questionnaire as to its relevance to the QOL of HFS patients. A 4-point scale was used for each Likert item.

HFS-7 Validation Scale

Dear Experts,

This questionnaire contains 7 Tagalog translated questions related to Hemifacial spasm. Please check if the items in the questionnaire is relevant/essential in assessing Quality of Life of HFS patients

Degree of relevance:				
1: Item is not relevant to hemifacial spasm				
2: Item is somewhat relevant to hemifacial spasm				
3: Item is quite relevant to hemifacial spasm				
4: Item is highly relevant to hemifacial spasm.				
	Relevance			
	1	2	3	4
Nahirirapan magmaneho				
Nahirirapan magbasa				
Nahirirapan manood ng telebisyon at mga pelikula				
Nakaramdam ng depression				
Pag-iwas sa direktang pagtitig sa mga mata				
Naramdaman ng pag-aalangan at kahihyan dahil sa pagkakaroon ng kondisyong ito.				
Nabahala tungkol sa reaksyon ng iba sa iyo.				

Figure 3. Translated HFS 7 validation scale.

The panel of experts was invited to assess the validity of each item according to the scale presented in figure 3. The Criterion Validity Index (CVI) of each item was then assessed. Scores of 3 and 4 were given the value of 1, while scores of 1 and 2 were assigned to 0. The average scores of each item were then taken and presented as S-CVI/Average. For Universal agreement (UA), items which obtained 100% agreement were assigned to the value of 1. Items with averages below 1 were assigned to 0. The average of each item was then measured and presented as S-CVI/UA.

The internal consistency and reliability of the questionnaires were evaluated using the Cronbach alpha.

QOL Testing Using the Tagalog-translated HFS-7

Participants’ QOL was assessed pre-operatively and postoperatively using the Tagalog-translated questionnaire. The questionnaire was converted to a Google form and a link was sent to the participants. Since this is a retrospective study the pre-op QOL was assessed at the same time as the post-op QOL. The Google form

included collection of general data, consent, pre-op and post-op QOL assessment on activities of daily living (driving, reading, watching), depression, self image and social stigma (Figures 4-6). A paired T-test was used to compare the effect of microvascular decompression on pre-op and post-op quality of life.

Results

A total of 27 patients underwent microvascular decompression from 2022-2025. Twenty patients participated in the study. The demographic profile of the patients is presented in Table 1. Majority of the participants were middle aged females. Pre-operative use of botulinum Toxin was seen in 9 cases and 12 used clonazepam. Preoperative use of these treatment modalities offered minimal improvement prompting the participants to undergo surgery. The median time interval from surgery to survey was 242.5 days (IQR=518 days).

Table 1. Demographic profile of patients who underwent microvascular decompression. JRRMMC, 2022-2025.

Characteristic	
Age (years)	46.3 ± 1.8
Female	19/20 (95%)
Preoperative Botox use	9/20 (45%)
Preoperative clonazepam use	12/20 (60%)
Median time interval from surgery to survey	242.5 days (IQR 518days)

Validity of the Tagalog-translated HFS-7

Internal reliability was assessed with Cronbach’s alpha. It ranged from 0-1 with values more than 0.7 indicating good test re-test reliability. Statistical analysis for Tagalog HFS showed values of 0.97, indicating excellent reliability.

Effect of MVD on Quality of Life as Measured by Tagalog-translated HFS-7

The preoperative and postoperative scores of participants are presented in Table 2. The mean score improved from 19.11 ± 1.3 preoperative to 4.01 ± 1.3

Hemifacial Spasm quality of Life Assessment

* Indicates required question

Pahintulot na May Kaalaman (Informed Consent) *

Inaanyayahan kang lumahok sa pag-aaral na pag-aaral na isinasagawa ni **Jeanne Vyka F. Sarangay, MD.**

Layunin ng pag-aaral na suriin ang kalidad ng buhay ng mga pasyenteng may hemifacial spasm na sumailalim sa microvascular decompression surgery.

Ang mga resulta ng pag-aaral ay maaaring makatulong upang mapabuti ang pagsasanay sa medikal, magsilbing gabay sa mga patakaran ng mga institusyon, at mapaunlad ang kalidad ng serbisyong pangkalusugan.

Boluntaryo ang iyong pakikilahok. Tinatayang aabutin ng **15 minuto** ang pagsagot sa sarbey, at maaari kang umatras anumang oras. **Walang bayad o kabayaran** para sa iyong paglahok.

Saklaw ng questionnaire ang mga **demograpikong impormasyon** at mga sagot tungkol sa iyong **araw-araw na gawain at epekto ng spasm** sa iyong pamumuhay.

Lihim at hindi makikilala ang lahat ng iyong sagot. Tanging ang mananaliksik at mga awtorisadong katulong lamang ang may akses sa datos, na gagamitin lamang para sa layunin ng pananaliksik at itatago nang ligtas. Pagkatapos ng pagsusuri, **lahat ng personal na impormasyon ay permanenteng buburahin.** Ang mga resulta ay ilalahad lamang sa **pangalahatang anyo.**

Sa pagsagot mo ng questionnaire, **ikaw ay nagbibigay ng pahintulot** na lumahok sa pag-aaral. Mangyaring sagutin ang lahat ng bahagi ng questionnaire; ang mga hindi kumpletong sagot ay hindi isasama sa pagsusuri.

Maraming salamat sa iyong mahalagang suporta.

Sumasang-ayon

Hindi sumasang-ayon

Other: _____

Pangalan *

Your answer _____

Edad *

Your answer _____

Kasarian *

Lalaki

Babae

Other: _____

Petsa ng operasyon *

Date

07/03/2025

Ang mga sumusunod ay ang pagpipilian

0- Normal.

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

0 1 2 3 4

Items on activities of daily living (Reading)

BAGO operahan: Nahihirapan magbasa. *

0- Normal

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

Other: _____

PAGKATAPOS operahan: Nahihirapan magbasa. *

0- Normal

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

Other: _____

Items on activities of daily living (Watching)

BAGO operahan: Nahihirapan manood ng telebisyon at mga pelikula *

0- Normal.

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

Other: _____

PAGKATAPOS OPERAHAN operahan: Nahihirapan manood ng telebisyon at mga pelikula *

0- Normal.

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

Other: _____

Figure 4. Google form of Tagalog-translated HFS-7 questionnaire for collection of general data, consent and assessment of QOL on activities of daily living.

<p>Items on activities of daily living (Driving)</p> <p>BAGO maoperahan: Nahihirapan magmaneho. *</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p> <p>PAGKATAPOS maoperahan: Nahihirapan magmaneho. *</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p> <p>Depression</p> <p>BAGO maoperahan: Nakaramdam ng depression *</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p> <p>PAGKATAPOS maoperahan: Nakaramdam ng depression *</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p>	<p>Avoidance of eye contact</p> <p>BAGO maoperahan: Pag-iwas ang direktang pagtitig sa mga mata *</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p> <p>PAGKATAPOS maoperahan: Pag-iwas ang direktang pagtitig sa mga mata *</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p> <p>Self image</p> <p>BAGO maoperahan: Naramdaman ang pag-aalangan at kahihyan dahil sa pagkakaroon ng kondisyong ito.</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p> <p>PAGKATAPOS maoperahan: Naramdaman ang pag-aalangan at kahihyan dahil sa * pagkakaroon ng kondisyong ito.</p> <p><input type="radio"/> 0- Normal.</p> <p><input type="radio"/> 1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.</p> <p><input type="radio"/> 2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho</p> <p><input type="radio"/> 3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.</p> <p><input type="radio"/> 4- lubhang nakaka-apekto. Seryosong kapansanan</p> <p><input type="radio"/> Other: _____</p>
--	---

Figure 5. Google form of Tagalog-translated HFS-7 questionnaire for assessment of QOL on activities of daily living, avoidance of eye contact, depression and self-image.

Social Stigma

BAGO maoperahan: Nabahala tungkol sa reaksyon ng iba sa iyo. *

0- Normal.

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

Other: _____

PAGKATAPOS maoperahan: Nabahala tungkol sa reaksyon ng iba sa iyo. *

0- Normal.

1- May Konting sintomas. Hindi naapektuhan ang pang araw araw na buhay.

2- May ilang sintomas. Hindi nakanakakaapekto sa pang-araw-araw na buhay at trabaho

3- May ilang sintomas na nagdudulot ng mga limitasyon sa isa o higit pang aktibidad ng pang-araw-araw na pamumuhay.

4- lubhang nakaka-apekto. Seryosong kapansanan

Other: _____

Figure 6. Google form of Tagalog-translated HFS-7 questionnaire for assessment of social stigma.

Table 2. Preoperative and postoperative HFS scores JRRMMC, 2022-2025.

Category	Preoperative	Postoperative	p value
1. Nahihirapan magbasa	2.23 ± 0.28	0.54 ± 0.20	p < 0.001
2. Nahihirapan manood ng telebisyon at mga pelikula	2.08 ± 0.30	0.31 ± 0.12	p < 0.001
3. Nahihirapan magmaneho	1.92 ± 0.34	0.58 ± 0.24	p < 0.001
4. Nakaramdam ng depression	3.08 ± 0.26	0.65 ± 0.22	p < 0.001
5. Pag-iwas ang direktang pagtitig sa mga mata	3.19 ± 0.27	0.58 ± 0.22	p < 0.001
6. Naramdaman ang pag-aalangan at kahihyan dahil sa pagkakaroon ng kondisyong ito	3.38 ± 0.22	0.62 ± 0.22	p < 0.001
7. Nabahala tungkol sa reaksyon ng iba sa iyo.	3.23 ± 0.23	0.73 ± 0.22	p < 0.001
Mean HFS-7	19.11 ± 1.3	4.01 ± 1.3	p < 0.001

Mean ± standard error of the mean

postoperative (95% CI 2.71-5.31, p < 0.001). Scores were highly significantly different based on paired T test analysis. The HFS-7 scores of the participants significantly improved after surgery.

Discussion

On CVI assessment, all four experts gave a relevance score of 3 and 4 on all items of the Tagalog HFS 7. This translated to a CVI score of 1. It was a unanimous agreement and overall S-CVI/Ave and S-CVI/UA are both 1. This translates to a good validity as proposed by Yusoff et al.⁸

Overall, the translated HFS-7 questionnaire has good validity and reliability in assessing the quality of life of patients with hemifacial spasm. It is short, concise, comprehensible in the native language and can be administered easily. It provides a more objective and standardized assessment. Analysis also showed that apart from permanent cure from spasms, microvascular decompression significantly improves the QOL by

improving day to day activities, self image, depression and social stigma.

Hemifacial spasm is a rare disease manifested as twitching of unilateral facial musculature. It is painless but can be debilitating. Most studies focus on the cessation of spasm, surgical technique, nuances and complications after MVD.⁹⁻¹¹ Self image, depression and other quality of life indicators are important factors that affect HFS patients and should be considered in identifying the impact of disease and surgical intervention. HFS-7 is a standardized questionnaire that has been validated in various countries. It has also been found reliable in clinical settings similar to this research.^{5,7,12} This is the first Tagalog disease specific testing tool for hemifacial spasm.

The limitations of this study are its retrospective nature, small sample size and short follow-up. Future studies can have longer and more regular outcome assessments to determine the durability of the improvement following surgery.

Conclusion

In patients with HFS, MVD offers an improvement of postoperative versus preoperative quality of life measurements. The Tagalog-translated HFS-7 questionnaire is a valid and reliable objective tool in measuring this treatment outcome.

Acknowledgement

We extend our gratitude to the translators and linguists, Prof. Rez Janroe Bautista and Prof. Aimie Fe Ramos for sharing their expertise.

References

- Hinojosa, Alfredo Quiñones. Chapter 116: Neurovascular Decompression in Cranial Nerves V, VII, IX, and X. Schmidek and Sweet Operative Neurosurgical Techniques, 7th ed., vol. 2, Elsevier, Philadelphia, Pennsylvania, 2022, p. 1339.
- Chopade TR, Lui F. Hemifacial Spasm. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Accessed September 25, 2025. Available at <https://www.ncbi.nlm.nih.gov/books/NBK526108/>.
- Yoshimura DM, Aminoff MJ, Tami TA, Scott AB. Treatment of hemifacial spasm with botulinum toxin. *Muscle Nerve* 1992 Sep;15(9):1045-9. doi: 10.1002/mus.880150909.
- Saengphatrachai W, Inthapong N, Pitakpatapee Y, Rattanathamsakul N, Srivannichapoom P. Minimal important changes of HFS-30 and HFS-7 questionnaires for patients with hemifacial spasm. *Clin Park Relat Disord* 2024 Dec 20;12:100295. doi: 10.1016/j.prdoa.2024.100295.
- Tan EK, Fook-Chong S, Lum SY, Lim E. Botulinum toxin improves quality of life in hemifacial spasm: validation of a questionnaire (HFS-30). *J Neurol Sci* 2004 Apr 15;219(1-2):151-5. doi: 10.1016/j.jns.2004.01.010.
- Alciato L, Simon F, Hervochon R, Trunet S, Nouet A, Tankéré F. Quality of life after hemifacial spasm surgery: French versions of the HFS-8 and HFS-30 questionnaires. *Eur Ann Otorhinolaryngol Head Neck Dis* 2021 Dec;138(6):425-30. doi: 10.1016/j.anorl.2021.03.006. Epub 2021 Apr 5.
- Tan EK, Fook-Chong S, Lum SY, Thumboo J. Validation of a short disease specific quality of life scale for hemifacial spasm: correlation with SF-36. *J Neurol Neurosurg Psychiatr* 2005 Dec;76(12):1707-10. doi: 10.1136/jnnp.2005.065656.
- Yusoff, Muhamad Saiful Bahri. Educational Resource. Malaysian Association of Education in Medicine and Health Sciences and Penerbit Universiti Sains Malaysia. Accessed September 27, 2025. Available at https://eduimed.usm.my/EIMJ20191102/EIMJ20191102_06.pdf
- Jannetta PJ. Observations on the etiology of trigeminal neuralgia, hemifacial spasm, acoustic nerve dysfunction and glossopharyngeal neuralgia. Definitive microsurgical treatment and results in 117 patients. *Neurochirurgia (Stuttg)* 1977 Sep;20(5):145-54. doi: 10.1055/s-0028-1090369.
- Soriano-Baron H, Vales-Hidalgo O, Arvizu-Saldana E, Moreno-Jimenez S, Revuelta-Gutierrez R. Hemifacial spasm: 20-year surgical experience, lesson learned. *Surg Neurol Int* 2015 May 20;6:83. doi: 10.4103/2152-7806.157443.
- Huang CI, Chen IH, Lee LS. Microvascular decompression for hemifacial spasm: analyses of operative findings and results in 310 patients. *Neurosurgery* 1992 Jan;30(1):53-6; discussion 56-7. doi: 10.1227/00006123-199201000-00010.
- Heuser K, Kerty E, Eide PK, Cvanarova M, Dietrichs E. Microvascular decompression for hemifacial spasm: postoperative neurologic follow-up and evaluation of life quality. *Eur J Neurol* 2007 Mar;14(3):335-40. doi: 10.1111/