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- * 2002: ?WMD in Iraq war

















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History: Role of Ophthalmologists

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 - * Jean treating blepharospasm

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Different Preparations			
	Botox (Allergan)/ Vistabel/ Botox Cosmetic	Dysport (Ipsen)	Xeomin (Merz)
Storage	< 8°C	< 8°C	< 25°C
Shelf Life	24 months	15 months	36 months
Cl. Botulinum Strain	Hall A	Ipsen	Hall A
Biological Activity	100 MU-A/ vial (LD50 for humans 3000 MU-A)	500 MU- I/vial	100 MU-M/ vial
Biological Strength Relative to Botox	I	1/3- 2/5	I
Molecular Weight of BoNT component	900 kD	900 kD	150 kD (pure neurotoxin) ? less neutralising antibody formation
			formation



















- * Equally effective 6/52 post reconstitution if refrigerated ¹
- * Equally effective 6/12 post reconstitution if frozen²

1 - Hexeel DM. Multicenter, double-blind study of the efficacy of injections with botulinum toxin type A reconstituted up to six consecutive weeks before application.[Demnatol Surg. 2004] 2. Parse a Reconstituted botulinum type A neurotoxin: clinical efficacy after long-term freezing before use Aesthetic Plast Surg. 2007 Mar-Apr;31(2): 98-90.





Dilution Strengths

- * What concentration of product?
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* Botox: 2-5mls 0.9% saline in 1 vial (100 units)
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- * Fudge factor: 1 u Botox= 2.5-4 U Dysport

Pre-Injection Anaesthesia

- * Usually none
- * EMLA
- * Pinch technique
- * Post Injection Ice











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Injection Techniques

- * Most injections targeting superficial muscles of SMAS
- * Standard: Subdermal e.g. 0.05-0.1ml
- * Microinjections: Subdermal/ Intradermal e.g. 0.01-0.02ml
 - * Less spread
 - * Less collateral paralysis



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Dosages and Injection Frequency





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 - * on target muscle activity



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Dosages and Injection

* Dosage dependent:

* on target muscle size

* on target muscle activity* if adjacent muscles to avoid











Dosages and Injection Frequency

- * Frontalis: low risk, large muscle- high dose (5U per injection site)
- * Orbital Orbicularis
 - * Lateral fibres safe, moderate muscle size: 2.5U per injection site
 - * Lower Fibres: high risk of collateral paralysis- moderate dose 2.5U in microinjections
- * Pretarsal Orbicularis- small, high risk low dose (1-2U per injection site)









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- * Personalise for yourself



* Counsel: Kinetic vs. Hyperkinetic vs. Hypertonic patients





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 - * Overdosage e.g. brow ptosis
 - * collateral damage e.g. haemorrhage

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Functional Uses

- * Paralytic Lagophthalmos
- * Spastic lower lid entropion

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- * Crocodile Tears/ Functional Epiphora















Paralytic Lagophthalmos

- High risk facial nerve palsy- (dry eye, reduced corneal sensation, poor Bell's, severe lagophthalmos)
- * Corneal protection
- * Target: levator palpebrae superioris
- * Avoid: Orbicularis and Superior Rectus
- * 5-10U Botox into preaponeurotic space (deep)
- * Problems: Unable to reverse







Spastic Entropion

- * Temporary till surgery
- * Target: Preseptal and pretarsal orbicularis
 - * Reduce Override



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Cosmetic Uses

- * Dynamic/Mimic vs. Static Rhytides
- * Vital in cosmetic armamentarium
 - * Standalone
 - * Adjunctive to other techniques e.g. fillers, surgery
 - * Patients expect you to be able to offer
- * Fun, easy to learn & perform

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- * Medical Indemnity

























































Books

Procedures in Cosmetic Dermatology Series: Botulinum Toxin: Text with DVD: Cosmetic and Medical Uses (Procedures in Cosmetic Dermatology) by Alastair Carruthers, Jean Carruthers Price: £89.29

Botulinum Toxin in Facial Rejuvenation by Kate Coleman-Moriarty Price: £53.19

Using Botulinum Toxins Cosmetically: A Practical Guide by Jean Carruthers, Alastair Carruthers Price: £164.99

Botulinum Toxin in Aesthetic Medicine by Mauricio De Maio, Berthold Rzany Price: £58.43 Botulinum Toxin Injection Guide by Ib R. Odderson Price: £19.14

Courses KT Training Course www.kttraining.co.uk

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