

Introduction

Botulinum toxin is effective in relieving certain form of dystonia or involuntary movements, e.g. hemifacial spasm, spasmodic torticollis. It affects transmission between the nerve endings and the muscle membrane, thus causing paralysis.

Up till end of 1990, this method had been used for 7,500 patients. This treatment does not eradicate the fundamental problem of abnormal muscle control, but it can reduce the spasm of the involved muscles. The effect is temporary, but may last up to 3 months. The injection will then have to be repeated.

The Operation / Procedure

You will be given an injection of a minute quantity of botulinum toxin into one or more of your affected muscles. The toxin will then induce temporary weakness of the abnormally acting muscle.

Common Risks and Complications (not all possible complications are listed)

Procedure related complications

- 1. In treatment of blepharospasm and hemifacial spasm, some patients have experienced temporary drooping of the upper eyelid, weakness of the lower lid. There is also occasional involuntary lip movement causing trouble with speech.
- 2. In treatment of spasmodic torticollis, some patient may experience weakness of the neck muscle or difficulty in swallowing which are usually reversible.
- 3. A small bruise and modest discomfort occasionally occur. There will be no adverse effects on the other parts of body.

Remarks

Reference

National Library of Medcine: "Botulinum Toxin" (2022) https://www.ncbi.nlm.nih.gov/books/NBK557387/ (25-07-2023)

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This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.