

Procedure Information Sheet – Botulinum Toxin Injection (with or without Ultrasound guidance)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

1. Introduction

- 1.1. Botulinum toxin is a potent neurotoxin which binds to pre-synaptic cholinergic neurons, by preventing its release and producing muscle relaxation. The full effect of the treatment usually takes three to eight days. The benefits will last between three to six months, depending on the patient. It is a useful local treatment for patients with spasticity secondary to neurological disease such as stroke and spinal cord injury.

2. Procedure

- 2.1. A small needle is used to inject the medication under the guidance of nerve stimulator (with or without Ultrasound guidance). You may feel some vibrating force when the nerve stimulator is connected and slight discomfort when the needle is inserted and the liquid is injected. Since the pain associated with the procedure is minimal, sedatives or local anesthetics are not used.

3. Risk

- 3.1. The intervention is useful and safe, but it also associated with known inherent risks of complications such as injection site discomfort or pain, mild bleeding, infection and weakness. Rare occasions Botulinum toxin may affect other parts of the body causing swallowing and breathing problem. The health care team will make the best effort to minimize the discomfort and such risks mentioned during the procedure. All the time the client shall be monitored continuously to ensure safety.

4. After the Procedure

- 4.1. You can bath as usual.
- 4.2. If you notice to have increasing redness and swelling at the injection site(s), swallowing difficulty or breathing difficulty, in-patients should inform ward nurse immediately, while out-patients should call our out-patient clinic nurse within office hour (Tel: 3153 9093). In severe condition, you may need to seek medical advice in A&E Department.

5. Remark

- 5.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

