

Patient information

Botulinum Toxin Injection

St Paul's Eye Department

Your Consultant / Doctor has advised you to have a Botulinum Toxin (BT) Injection. This information leaflet explains the BT injection. You may wish to discuss alternative treatments or procedures. Please ask a doctor or nurse if alternative treatments or procedures are available.

What is a Botulinum Toxin (BT) injection?

Botulinum Toxin is a substance, which causes temporary muscle paralysis. When used in carefully controlled doses, BT can be injected into a muscle to cause temporary paralysis. BT is injected into the muscles attached to the outside of the eye or the muscles of the face surrounding the eye.

What are the benefits of having a BT injection?

Botulinum Toxin has only a temporary effect and is administered under a local anaesthetic. BT is used to temporarily improve the alignment of the eyes to restore the normal appearance or, be used to predict the effects or potential side effects of squint surgery. BT can also be used to stop facial spasms (twitching).

Are there any alternatives available?

Alternative treatments will have been discussed with you by your doctor. Alternative treatments include patching the eye (occlusion), altering your glasses (prism therapy) or surgery. Not all treatment options would be suitable for all patients.

What will happen if I decide not to have treatment?

You would continue to be cared for at St Paul's Eye Unit until the decision that there is no further possible improvement to be made.

What are the risks of having a BT injection?

The risk of the injection not having a significant effect (under-correction) is about 20%. It is common for the eye to be slightly red following the injection.

The main complication of having a BT injection is that the injection could leak from the muscle into which it was injected causing paralysis of a different muscle. If this happens, symptoms such as double vision or a droopy eyelid may occur. Double vision is a common symptom when BT is given for squint and is not always as a result of leakage.

The injection of BT into a muscle may cause the direction of the squint to reverse (i.e an overcorrection of your squint) For example if your eye turned inwards before the injection it may temporarily turn outwards, sometimes causing double vision until the injection has worn off.

There is also the very rare risk of penetration of the eye with the injection needle which may lead to permanent visual loss. This is reported to happen in less than 1 in every 2500 cases.

When having BT for facial spasm the BT can cause a small amount of bruising or bleeding where the injection was given.

What sort of anaesthetic will be given to me?

Topical anaesthesia is used (eye drops). Topical anaesthesia is a drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Topical anaesthesia can cause short-lived stinging of the eye.

You will be given an opportunity to discuss anaesthetic options and risks before your injection.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

The day of your injection

- You will arrive at St Paul's Outpatients on the day of your injection.
- Please bring a list of any medication that you are taking.
- You will be asked to sign a consent form.
- You will be called to the injection room.
- Your dentures, glasses or hearing aid can stay with you when you go for the injection.

The injection

The aim of the injection is to deliver the Botulinum Toxin into the muscle that is contracting too much. Some local anaesthetic drops will be put into your eye before the injection.

The BT is drawn into a syringe just like any other injection.

When having BT for squint, two sticky sensor pads are attached to your cheek and forehead. These are to measure the electrical signal, not to generate electricity.

An electrical sensor attached to the needle ensures that the Botulinum Toxin is injected directly into the muscle attached to your eye by monitoring the electrical activity.

When having BT for facial spasm the area surrounding the eye is cleaned. The BT is injected into the skin around the eye socket.

What should I expect after the injection?

- You may experience some discomfort during the injection.
- The injection usually takes three to five days to take effect.

Going home

- You will be allowed to go home shortly after your injection.
- It is best if you are escorted home after your injection and if possible not to go home by public transport.

Discharge Information

Pain relief and medication

- If necessary the nursing staff will advise you about painkillers before you leave the hospital.

Getting back to normal

You should be able to return to normal activities the following day after a BT injection.

Further Appointments

- If you are having BT for squint, an Orthoptic appointment may be given to you before you leave outpatients.
- If you are having BT for facial spasm you will be sent an appointment for your next injection.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others.

Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

St Paul's Eye Department

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Review Date: March 2026

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