Module 1 – Assessment of the Face - Neurotoxins

Best Practices

- Three things make Botox safe (for you to tell patients)
    - It is the purified protein version of the toxin still with the ability to "relax" muscle movement (say "relax" not "paralyze")
    - It is injected into the muscle, not the bloodstream, therefore not systemically absorbed
    - We use 1/100-1/300 the amount needed to cause any form of botulism disease
- Discover and address patient misconceptions regarding Botox
    - Will it make me frozen?
    - Will it give me a weird Brow, shocked look?
    - Will people know I get Botox?
    - Will it stretch my skin?
    - What happens if I don't keep it up will getting it and stopping it make it worse?
    - How to discuss why a patient may have gotten 60-90 units somewhere else and why they don't need it?
- Myths about what they can/cannot do after treatment
    - We used to tell them no exercise, alcohol, laying down, for rest of day
        - **This makes no difference**
    - Tell them they can forget they did it
    - Botox may kick in asymmetrically but will even out (or you can tweak it)
    - Mild headache after injection is normal and nothing to worry about
- Pre-treat with Arnica and Bromelain if patient tends to bruise
- Ice and wiggle before injection greatly desensitizes skin and reduces pain (Pain Gate Theory)

- Take the time to hold pressure until last tiny blood drop stops oozing to prevent bruising
- Use vessel viewing device like Accuvein if they tend to bruise
    - I don't use this in many patients just for Botox, unless they have very vascular skin or I know they tend to bruise (I always use it for filler)
- Use a 2cc preservative free (preservative causes pain) saline dilution per 100 units Botox
- Use Botox (refrigerated) within 48-72 hours of mixing
- Keep Botox frozen until you mix it
- Use ½ inch 30G insulin syringe
- Limit number of injections per syringe to about 3-4 to keep needle sharp
    - If you or patient feel or hear the "crunching" then the needle is dull
    - Don't "bump the bone", just know how deep the muscle is
- Don't use Botox in one needle to span more than one treatment area (treat forehead with 1-2 needles, then Glabella, then Crow's feet or in any order but don't draw up enough Botox to use in two areas or you may mis-dose while talking to the patient)
- My nomenclature:
    - "B" = 5 units
    - "X" = 2.5 units
    - "2" = 2 units ("full bump")
    - "I" = 1-1.5 units ("half-bump")
- Price per unit, not area so you can easily touch up and still charge. Add an injection fee to cover the yearly increasing price.
- Determine if muscle movement is the cause of the patient's concern
    - Know your muscular anatomy, if you don't, then there easy to learn from pictures on the internet
    - Men typically need and can handle more Botox muscle movement reduction whereas women generally want a less "Botoxed" look

- Always assess the muscle position and strength and inject Botox accordingly to muscle strength, not the number/severity of the "wrinkles/lines"
- Start conservative, you can always add a "tweak" in a follow-up, just educate your patient about the process
- Let patient know how many successive treatments will be necessary to "see the lines go away"
- Always follow-up with the patient so you can fix anything
    - Wait for 2 weeks before adding more to make sure the last little effect shows (sometimes there is more relaxation of the muscles in the second week)
    - Pre-book their next appointment at approximately 12 weeks
    - Text patient next day to check on them (from your staff)
    - We text all Botox patients at 10 weeks post last treatment to remind them they are soon to be due for their next treatment and patients really appreciate this reminder
- Evaluate how treating one area might positively or negatively affect another area
    - Overtreatment of the forehead for strong movement wrinkling could cause a heavy/dropped brow
    - Overtreatment of the Crow's feet (too far into the cheek elevators) could change their smile and perioral movement, although this is really rare
    - Too much Botox in lip, too far lateral can weaken the lip elevators and drop their smile
    - Too much or lateral in the chin (mentalis) can hit the detrusors and keep them from pulling down the mouth corners when they talk/smile
    - Too medial injections when treating DAO can weaken lip (can't show teeth)
- How to rotate with your assistant to be safe and effective (see extra video)
    - Have Botox syringes lined up left to right

        - I usually inject in this order: Crow's feet, Glabella, Forehead, Bunny, Jaw/masseter, Lip, Chin, DAO, Neck
    - Injector starts with the first syringe and injects patient's CF on side of your counter
    - Assistant hands you next syringe for other side of CF and then holds pressure on side you just treated
    - Then assistant hands you next syringe for Glabella as you hold pressure on second CF side while injecting Glabella
    - Then assistant hands you your side's Forehead syringe, then you rotate to other side
    - Have assistant holding next syringe between his/her thumb and index finger, you hand your just used empty syringe to him/her between his/her ring and pinky finger, then you take the next syringe. That way neither of you is moving much at all and the risk of sticking each other is minimized
    - Always "transfer" syringes behind the patient's head (behind the chair/table)
    - Injector should walk behind patient while assistant walks in front (they trust where you are more than your assistant)
    - Always tell patient just before you are going to inject "ok, little stick"
    - Always hold pressure until last tiny bleed stops
- Avoid treating a "practice hopper" or "discount shopper". You want a lifelong patient

- Reasons why I discuss their cosmetic surgical history even if it seems unrelated to non- invasive procedures.
    - For example, if a patient has had a breast augmentation 8 years ago I would ask them about that for three reasons:
        - First, to examine their ability to heal from a procedure (to make sure they don't have "healing" issues).
        - Second, in case they need a referral to a plastic surgeon I trust (sometimes when they come to a practice like mine

in which we don't offer that surgery, they will not think to tell me that they had or are having an issue from the surgery and maybe I can help refer them to someone I trust and really make them happy that I cared to help them).

- Finally, I can ask if they were happy with the result and start to get a feel for if the patient can be made happy or not and look out for Body Dysmorphic Disorder or traits to help me know if I will have trouble pleasing the patient with what I do.