

Botulinum Toxin injections (in children and young people)

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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Introduction

This leaflet explains more about using Botulinum Toxin injections in children and young people, including the risks, benefits and alternatives. It also provides information on what you can expect when your child comes into hospital. If you have any further questions, please speak to the doctor or therapist caring for your child.

What is Botulinum Toxin type A

Botulinum Toxin type A is produced naturally by the bacteria Clostridium. It blocks the nerve that talks to the muscles by stopping the release of a chemical—acetylcholine.

It can be used in the treatment of movement disorders, especially spasticity (muscle tightness) in cerebral palsy to help relax muscles, to improve function and range of movement, to make daily care or activities easier and/or to reduce pain from spasms.

Why should my child have Botulinum Toxin type A injections?

Botulinum Toxin type A injections are a recognised part of treatment programmes for movement disorders as outlined in NICE guidelines.

When used for movement disorders, your doctor or therapist will discuss specific goals for treatment for your child. Depending on the pattern and severity of movement difficulties it can be used to improve the pattern and amount of walking, help two-handed tasks or ease comfort and care. It is often used as part of a more comprehensive treatment programme and is important to discuss with your teams, both at Whiston Hospital and also locally, whether any change in your child's therapy programme is needed in order to make the most of the time of relaxation.

Contact us

If you have any questions or concerns about the procedure or anything afterwards, please contact the Burns and Plastics Department

t: 0151 430 1664/1401

or the Occupational Therapy Department

t: 0151 430 1237.

Your compliments, comments and concerns

For advice, support or to raise a concern or give a compliment contact our Patient Advice and Liaison Service (PALS).

t: 0151 430 1376 (PALS)

w: pals@sthk.nhs.uk

To make a complaint, contact the Complaints Department

t: 0151 430 1167 (Complaints)

w: complaintsteamDL@sthk.nhs.uk

Useful sources of information

Nice **w:** www.nice.org.uk

Cerebra **t:** 01267 244 200 **w:** www.cerebra.org.uk

Contact **t:** 0808 808 3555 **w:** www.contact.org.uk

Scope **t:** 0808 800 3333 **w:** www.scope.org.uk

What are the risks?

Generally, treatment with Botulinum Toxin type A is well tolerated but, as with all medicine, there is a risk of side effects. Your child's doctor performing the procedure will discuss these with you. You are encouraged to ask any questions or raise any concerns.

Side effects are rare, but the most common we see are short-term pain and bruising at the injection site, and weakness in the injected muscle. This is to be expected as the injection causes the muscle to relax. This can rarely and temporarily lead to an increase in falls, abnormal walking pattern or reduced function, but these settle and improve over the next few weeks.

Other, even rarer, side effects that are reported include incontinence, skin rash, or flu-like symptoms. These are usually mild and temporary, and are usually dependent on the site of injection.

What is its role in my child's treatment programme?

Movement disorders

Your doctor and therapist will discuss different treatment options for your child. The role of Botulinum Toxin type A injections in your own child's treatment pathway may change over time, and not every treatment is appropriate for every child.

Other parts of your child's treatment programme may include:

- **Using splints.** These may be useful if they help with function and comfort, particularly at the arm or hand.
- **A variety of medications.** Muscle relaxants or movement modifying (helping the fluidity of movement) can be tried, for example Baclofen.
- **Surgery.** Muscle, tendon and/or bony orthopaedic surgery may be needed to improve the range of movement and function or to reduce pain.

How can I prepare my child?

Your doctor will discuss how and where your child will be given their injections. Depending on their age, the site and number of injections, they are usually given sedation (medication to make them sleepy). Though you or your child may be anxious about the procedure, it is no more painful than having an immunisation and it is over very quickly. If sedation is used it is important not to give your child anything to eat or drink beforehand - more information will be sent to you about this.

If general anaesthetic is needed you may be asked to attend a pre-assessment clinic, where we will make sure your child is well enough for the anaesthetic.

Usually, you will be sent information in the appointment letter about what will happen on the day of your child's injections. You and your child will get the chance to ask any questions you may have.

Giving my consent (permission)

We want you to be at the core of any decision about your child's care and treatment.

The doctor will carefully go through what you should expect before, during and after the procedure and what the risks and benefits are.

If you are happy to go ahead, they will ask you to sign a consent form.

Will my child feel any pain?

Sometimes there may be some pain and bruising around the injection site(s).

What happens after the procedure?

The length of time before any changes can be seen vary from child to child. Botulinum Toxin type A should start to work in two to three days, reaching its maximum effectiveness in around two to four weeks, but it can take up to six weeks.

The effects generally last about three to four months, but the benefits can last far longer in some children.

For best results as part of movement therapy it is important that Botulinum Toxin type A be used with an Occupational Therapy or Physiotherapy programme, unless the injections are being used to help with care and comfort.

Your child will be seen regularly by a therapist following the procedure.

The programme for after injections is varied, and will certainly focus on strengthening some muscles and may include stretching, or splinting.

Will my child have a follow-up appointment?

Your child will have a follow up appointment to see how effective the treatment has been, and to check if any changes need to be made to the therapy programme.

The timing of this will be discussed at your clinic appointment.

Your doctor or therapist will also decide whether the procedure will need to be repeated, and if so, how frequently.