

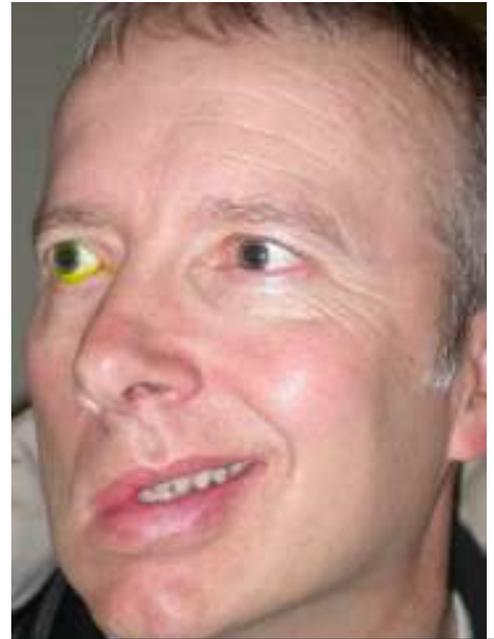


BOTOX™ TREATMENT FOR FACIAL PALSY

In long standing facial palsy, muscles on the normal side overcontract and pull the face across to the good side causing difficulty in articulation, eating and drinking, as well as cosmetic embarrassment and psychological effects as patients lack confidence in public. Even though the face may look reasonable at rest, with volitional movement there is marked asymmetry from overaction on the normally acting side, especially in the nasolabial fold area, and of the mouth. Botox™ is very successful in improving symmetry of the face, especially with movement, and leads to improved speech, reduced symptoms, improved cosmesis, mood and confidence. This is even greater for the younger patient who have good tissue tone. Side effects can consist of temporary drooling (a few days), and not being able to seal the lips.

Aberrant regeneration is the misdirected regrowth of nerve fibres and is commonly seen after facial nerve palsy. It can lead to unwanted and uncontrollable movements on the side of the palsy affecting the eye or face. Mild regeneration is usually not treated, but when the movements are moderate or severe, they can cause functional blindness (as the eye closes) or tightness of the face and cosmetic embarrassment. Botox™ helps to relax the unwanted contractures and movements.

Crocodile tears are excess watering of the eye when eating. This is another form of aberrant regeneration. Botox™ injected into the lacrimal gland abolishes the watering during eating.



Patient with a severe right sided facial palsy and overcontraction of the normal left side causing facial distortion, especially when smiling or laughing.

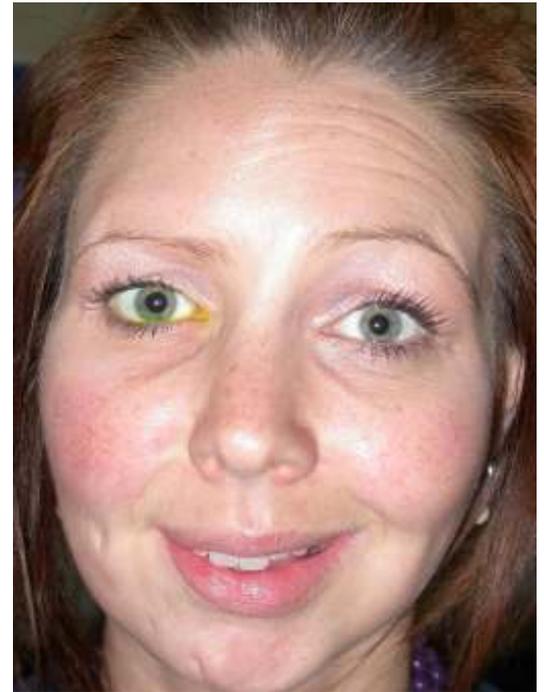


Patient after BTXA injections to the left face. There is improved symmetry and less distortion of the face to the left.

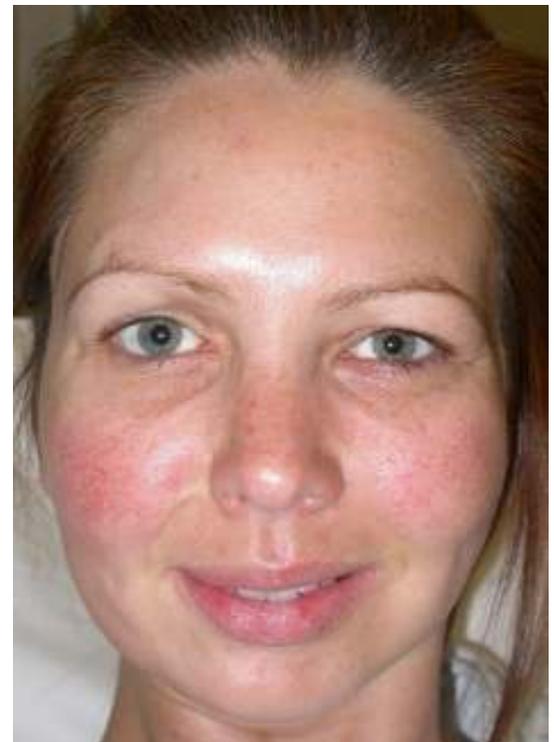
In facial palsy, the eyelids may not close adequately over the front of the eye, causing it to be dry, develop ulcers or lose vision. Botox™ can be injected in the upper eyelid to make it droopy so that the eyelids stay closed and allow the underlying corneal exposure to heal.

Benefits and Risks of Botox™

Some of the advantages of Botox™ include lack of known allergy and that there usually no signs of the treatment having been given. Rarely a patient may be resistant to Botox™, or under or over correction may occur. If no effect or a partial effect is seen, the Botox™ injections can be repeated. The injections are less predictable for lines of the lower face or neck. Most complications occur due to local spread of Botox™. There is a small risk of ptosis (drooping of the eyelid – this is usually no more than 1-2 mm), lip ptosis (after injections of crow's feet), brow ptosis and double vision due to local spread of Botox™. These effects are temporary (usually last 2-10 weeks) and are reversible. Bruising may occur as with any other injection. Any headache is usually mild and lasts for a few hours only. Botox™ should not be used in patients who have had a recent tetanus injection, who are pregnant or breast feeding, allergic to albumin or normal saline injections, have muscle disease (e.g. myasthenia, myopathy) or are taking antibiotics in the aminoglycoside group (e.g. gentamicin).



Young patient with a moderate right sided facial palsy. There is obvious asymmetry when she smiles, laughs or frowns.



After BTXA injections to the left face and forehead, as well as for right synkinesis. There is greatly improved symmetry so the face looks virtually normal



Ahmed's career

Ahmed qualified from the University of London in 1987, and started training in Ophthalmology in London in 1989. He was a registrar and a fellow in Nottingham, and was appointed as Consultant Ophthalmic Surgeon specialising in phacoemulsification and oculoplastics at the Manchester Royal Eye Hospital in December 1998. He has over 50 publications, more than 50 presentations, and a DM (thesis on endonasal laser DCR).

Ahmed's roles at the Manchester Royal Infirmary & University

Ahmed interviews for the Medical School, and teaches medical and optometry students. He examines medical students, and optometrists for the MOptom. He is a member of the Local Negotiating Committee on behalf of the Manchester Royal Eye Hospital, and is a North West Representative of the Hospital Consultants and Specialists Association. He has raised money for the Children's Hospital and Royal Eye Hospitals by arranging sponsored and participating in sponsored events. Ahmed has helped draft a new mobile telephone use policy and consent policy for the Trust which have become part of the hospital's policies.

Ahmed's roles outside CMMC

Ahmed is a nominated representative of the Royal College of Ophthalmologists (RCOphth) on the General Optical Council (GOC). He is a Member of The RCOphth and a Founder Member of The British Oculoplastic Surgery Society. He is an examiner for the RCOphth as well as part of the Training The Trainers and Microsurgical Skills faculties. He has an interest in facial palsy management and is a medical adviser to the British Acoustic Neuroma association. He used to work as an Ophthalmic Medical Practitioner whilst a registrar, is a member of the Ophthalmic Qualifications Committee of the British Medical Association, and is involved with the Education Visitor Panel of the GOC.

He is active in research, a journal editor and reviewer. He is a committee member of the British International Doctors Association. He is a medical member of the Fitness to Practice and Appeals Panels of The General Medical Council. As well as a journal reviewer, he is a reviewer for Research for Patient Benefit and Map of Medicine.

Outside medicine, Ahmed is a school governor, is involved with medical charities and community finance initiatives, and is co-chair of the Manchester Christian-Muslim Forum.

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