



BOTOX™ TREATMENT FOR OCULOPLASTIC CONDITIONS

Thyroid Eye Disease

In thyroid related eye disease, the eyeball can be bulgy, the eye movements can be restricted, or the whites of the eye may show as the position of the upper lid is too high and the position of the lower lid is too low. A partial injection of Botox™ in the upper lid can lower the upper lid, giving it a better position over the eyeball. This may be an alternative to surgical treatment for some patients.

Blepharospasm / Hemi-Facial Spasm

Blepharospasm is spasmodic winking caused by the involuntary contraction of the eyelid muscle. Hemifacial spasm is hypertonicity or involuntary contracture of the facial muscles affecting one side of the face. Both conditions are treated by Botox™ to the involved muscles. Surgery is often reserved for cases where the Botox™ has become ineffective.

Entropion

Entropion is the inversion, or the turning inward of the margin of an eyelid. This causes irritation, blepharospasm and keratitis. It may be congenital or acquired. The treatment is surgical, but in some patients who are not suitable for surgery, Botox™ injected into the lower lid reverses the entropion.

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. 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).



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CONSULTANT OPHTHALMIC SURGEON



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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