

contents

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Foreword by Paulo V. Soares vii

Preface viii

01

Basic Principles of Botulinum Toxin 1

02

Facial Analysis and
Photographic Documentation 23

03

Muscles:
Injection Technique and Location 57

04

Clinical Cases 109

Index 148



Extra content

Extra content is available online. QR codes throughout the book link to PDFs, PowerPoint presentations, and videos that can be used by the professional to facilitate better treatment planning and delivery of care. Scan the QR code here to access this supplementary information. The full list of links may also be found at www.quintpub.com/BTX.




Fig 1-6 Step-by-step dilution process.

7. Insert, remove, and reinsert a 22G needle approximately 10 times in the same place in the rubber stop to soften the rubber, which will prevent future injection needles from becoming dull. This will reduce patient pain and bruising during the injection.
8. In case all the diluted toxin is not used, put the vial in the preserved box and refrigerate the solution at 2°C to 8°C. Do not freeze it. Write the day of use on the box.
9. BTX (Botox) can be administered within 72 hours of reconstitution when stored at 2°C to 8°C.


Box 1-7 lists other important considerations for the clinical use of BTX.

Patient Care


Patient care is an important part of BTX treatment. Figure 1-9 shows the steps involved in a typical appointment.




1. The patient is welcomed to the office.




2. The patient is instructed to sit and given the medical history form to fill out.




3. The patient fills out the form.




4. The patient is asked to remove all makeup from the face.



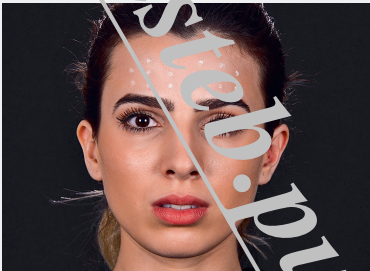
5. An assistant helps the patient clean his or her face.



6. An assistant applies topical anesthetic to the face.

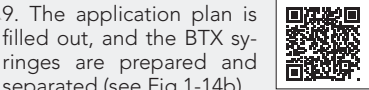


7. A facial analysis is performed, and all injection sites are marked (see protocol for muscle location in chapter 3).




8. A photograph is taken to document the face with the injection sites marked (see protocol photographs in chapter 2).


Masseter R *15mm				U	U	lines
Masseter *15mm				U	U	lines
Occipitofrontalis R	6	2	2	U	U	lines
Frontal Belly						
Occipitofrontalis L	6	2	2	U	U	lines
Orbicularis Oculi R	3	3	3	U	U	lines
Orbicularis Oculi L	3	3	3	U	U	lines
Corrugator Supercilii R + Depressor Supercilii	1	3	3	U	U	lines
Corrugator Supercilii L	1	3	3	U	U	lines
Procerus	1	4	4	U	U	lines
Nasolabial						
Platysma				U	U	lines




9. The application plan is filled out, and the BTX syringes are prepared and separated (see Fig 1-14b).



10. The BTX is injected.



11. The syringes are discarded in a container specifically for piercing/cutting materials.



12. An assistant performs a light cleansing of the patient's face.

Fig 1-9 Patient care. Postoperative instructions must be given to the patient after treatment.



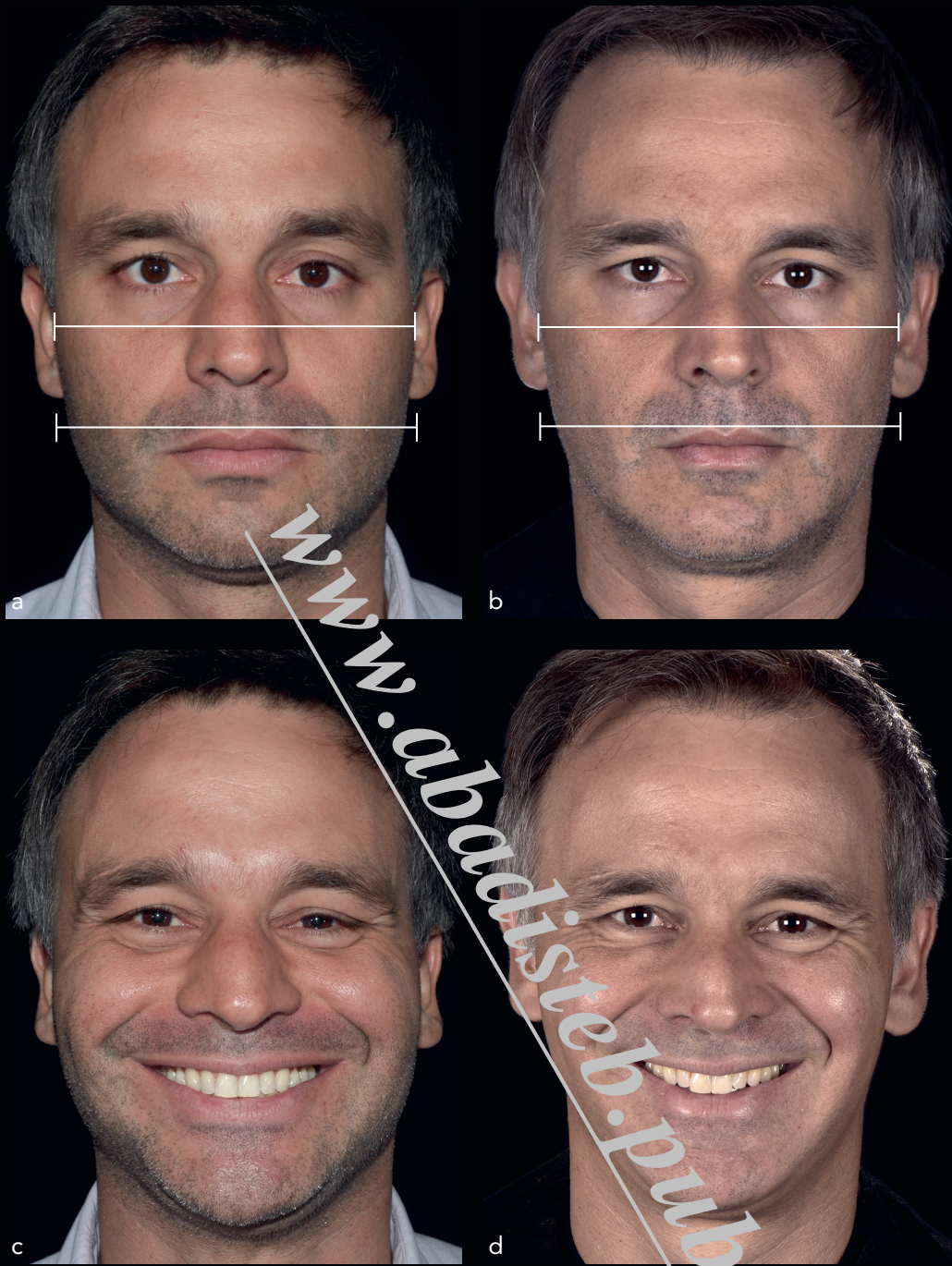
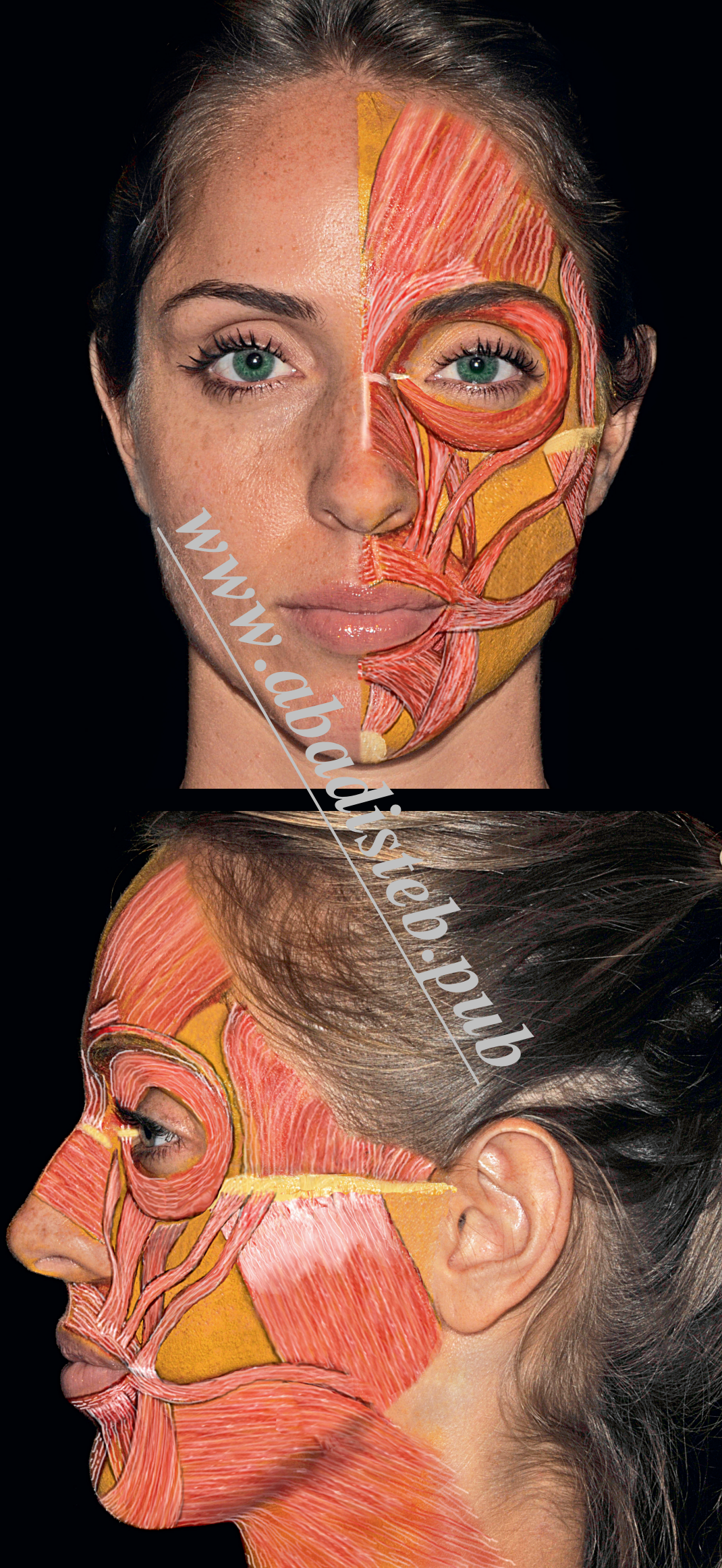


Fig 2-12 (a) Patient with increased width of the lower third. Note that the bigonial distance is almost the same as the bizygomatic distance. Also note the asymmetry (wider on left side of the face). (b) Measurements after BTX injection. Note the reduction in the bigonial distance and symmetry achieved in the lower third. (c and d) Smile views before and after treatment.

Figure 2-12b shows the patient after treatment. The left side of the face, previously a little wider than the right side, became symmetric after the injection (Figs 2-12c and 2-12d). The patient also reported that he began chewing on both sides.

With injections into the masseter muscle, it is important to inform the patient prior to treatment that the lower third of the face will likely be narrower after injection. Even a slight decrease in the definition of the jawline should make the face more esthetically pleasing, but the patient should be prepared for this change.



Zygomaticus Major Muscle

Anatomy and location

Function: To lift the angle of the mouth superiorly and pull it slightly to the lateral, helping to form a smile. It assists other muscles in mastication.

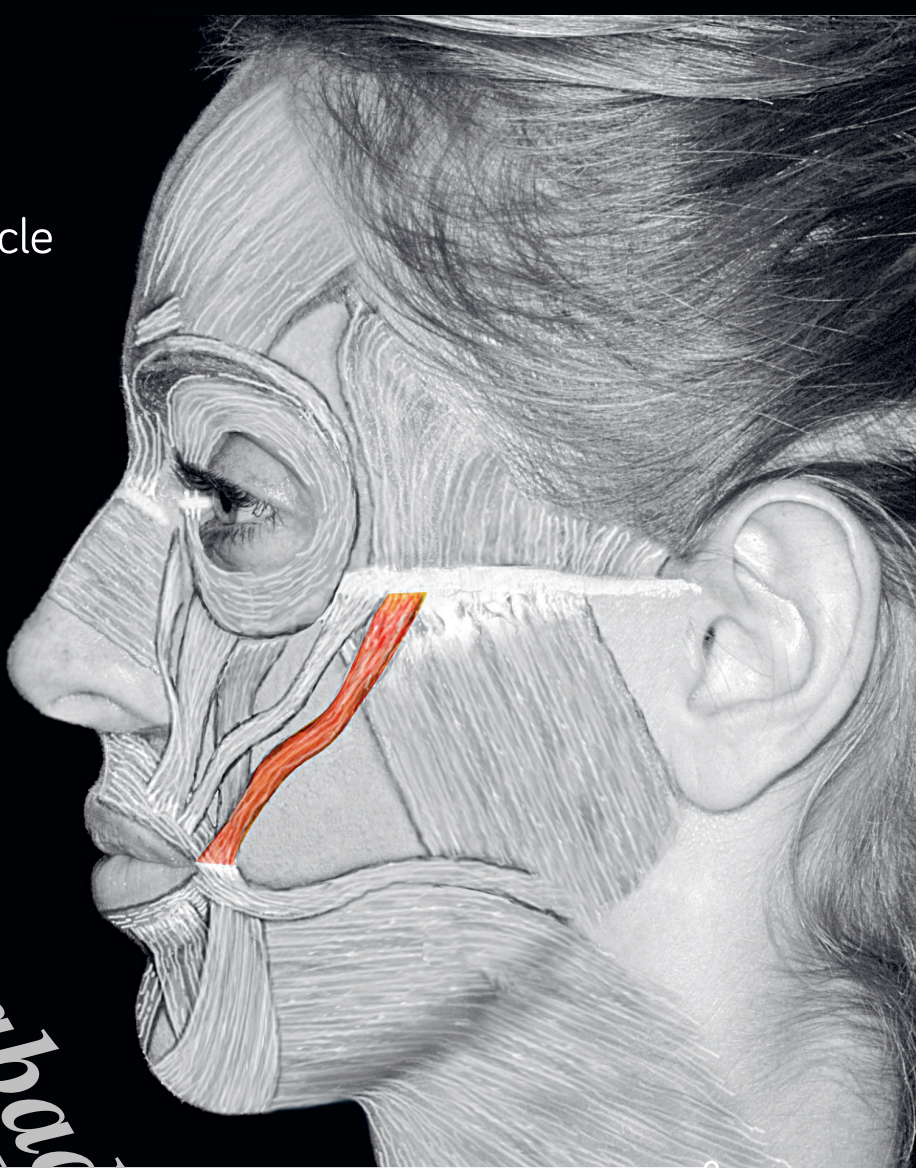
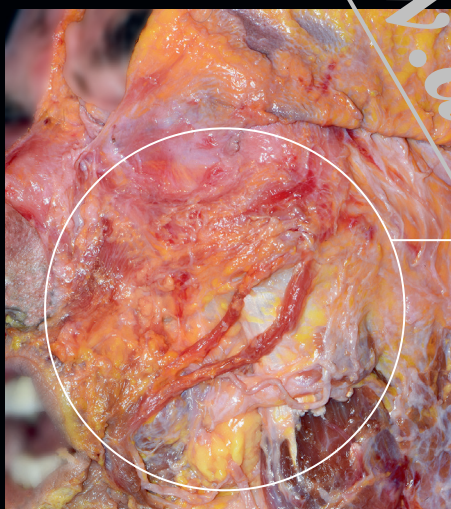
Location: At the cheek, from the anguli oris to the zygomatic bone in an ascending pathway of approximately 45 degrees, similar to the zygomaticus minor pathway.

Origin: Lateral surface of the zygomatic bone.

Insertion: Skin of the angle of the mouth and fibers blending with the orbicularis oris and levator anguli muscles.

Fibers: Ascending and with an inclination of approximately 45 degrees.

Wrinkles: Helps in the production of the nasolabial sulcus and wrinkles around the eyes.



Locating and marking the muscle

Although it helps to produce wrinkles at the side of the eyes and increases the nasolabial sulcus, it cannot be located using facial expressions. In this case, facial esthetic references are used to find the muscle location.

1. Ask the patient to relax all facial musculature. Via palpation, draw the zygomatic bone.
2. Start the drawing from the anguli oris going upward in the direction of the lateral surface of the zygomatic bone.
3. Ask the patient to strongly close the mouth (without smiling), biting and relaxing several times, and draw the anterior masseter ridge via palpation.

The fixation of this muscle in the zygomatic bone is 15 mm lateral to the anterior border of the masseter muscle. The zygomaticus major is superficial to the masseter muscle. The injection site is an equidistant point between the origin and insertion.



It is not advisable to inject BTX in this muscle without a previous drawing.