Botox for Cervical Dystonia

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

Cervical dystonia (spasmodic torticollis) is a neurological movement disorder in which the brain sends sustained, involuntary contraction signals to specific neck muscles. The result is an abnormal head posture — turning (torticollis), tilting (laterocollis), forward flexion (anterocollis), or backward extension (retrocollis) — frequently with head tremor and, in most patients, significant neck pain.

This is **not a muscle problem, a disc problem, or a postural habit.** The muscles themselves are normal; they are being told to contract. Because the abnormal signal originates centrally but is delivered to identifiable muscles, effective treatment targets those muscles.

The Treatment: OnabotulinumtoxinA (Botox)

Botox blocks the release of **acetylcholine**, the chemical a nerve uses to tell a muscle to contract, by cleaving **SNAP-25** — a protein the nerve ending requires to release its signal. The overactive muscles weaken and relax. The abnormal command from the brain is unchanged, but it can no longer be delivered at full force.

Botox is **first-line therapy** for cervical dystonia. It also reduces the associated neck pain, often more completely and earlier than it corrects the head posture itself.

Our Approach: Pattern-Directed Muscle Selection

There is no fixed dose and no fixed set of muscles. We examine your head and neck posture, identify which specific muscles drive **your** pattern — sternocleidomastoid, splenius capitis, levator scapulae, trapezius, scalenes, semispinalis — and dose each according to its contribution. Total dose typically falls between 150 and 300 units.

We use **EMG or ultrasound guidance** to confirm needle position in deep or overlapping muscles. This improves accuracy and reduces the chance of unintentionally weakening a neighboring muscle. Your pattern is reassessed and the muscle map adjusted at every cycle.

Procedure Day Highlights:

- Performed in the office; the visit takes about **20 minutes**.
- EMG or ultrasound guidance confirms placement in deep muscles.
- With EMG, you may be asked to turn or tilt your head so we can confirm the target muscle is active.
- No sedation and no IV. You may drive yourself home.
- Dose and muscle map are individualized and refined at each visit.

Benefits

- Reduction in neck pain — usually the earliest and most complete improvement.
- Improved head position and reduced involuntary pulling.
- Reduced head tremor in many patients.
- Improved ability to drive, read, and tolerate social settings.

Recovery

- Return to normal activity immediately.
- Onset: 3–10 days, with peak effect at 4–6 weeks.
- Duration: approximately 10–12 weeks; treatment repeats at 12-week intervals.
- The first cycle is a starting point — dosing is refined from your response.

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DISCHARGE INSTRUCTIONS

Procedure Summary: Botox for Cervical Dystonia

You received onabotulinumtoxinA injected into selected neck and shoulder muscles chosen from your specific dystonic pattern, with EMG or ultrasound confirmation of placement where indicated. The medication blocks the nerve signal driving those muscles to contract. **Weakening develops gradually over the first one to two weeks.**

Activity Restrictions

- **Upright:** remain upright for 4 hours. Do not lie flat.
- **Rubbing:** no massage, pressure, or chiropractic manipulation of the neck for 24 hours.
- **Exercise:** avoid strenuous exertion, heavy lifting, and heat for 24 hours.
- **Driving:** permitted, unless you notice new neck weakness.

Injection Site Care

- **Dressing:** none required.
- **Ice:** 10–15 minutes as needed for soreness.
- **Bruising:** common; resolves within a week.
- **Tenderness:** mild injection-site soreness for 1–3 days is expected.

What To Expect

- **Onset is gradual:** 3–10 days, peaking at 4–6 weeks.
- **Neck weakness:** a period of feeling the neck is weak or the head is heavy is common, particularly when reclining or rising from bed. This reflects the intended muscle weakening and improves over 2–4 weeks.
- **Swallowing:** mild difficulty with dry or bulky foods can occur, most often when the sternocleidomastoid is treated. Cut food small, take smaller bites, and choose softer foods until it resolves.
- **Flu-like symptoms** for 1–3 days occur in a minority of patients.
- **Dose refinement:** note which muscles improved and which did not. That is how we adjust your map for the next cycle.

Red Flags

- Significant difficulty swallowing, coughing or choking with liquids, or trouble managing saliva.
- Difficulty breathing or shortness of breath.
- Voice change or hoarseness that is worsening.
- Weakness in the arms, legs, or away from the injected area.
- Fever, spreading redness, or drainage at an injection site.

Follow-Up Schedule

- **12 Weeks:** reassessment of your pattern and the next treatment cycle.
- Injections are **not repeated sooner**. Shorter intervals increase the risk of antibody formation and permanent loss of response.
- **2–4 Weeks:** contact us if response is inadequate or a new muscle has become symptomatic, so the map can be adjusted.

Swallowing & Distant Spread

Difficulty swallowing is the most common significant side effect of cervical dystonia injections, because the treated muscles sit adjacent to the swallowing muscles. Mild, temporary difficulty is not unusual. Botulinum toxin can also rarely spread beyond the injection site and cause swallowing or breathing difficulty hours to weeks later, which can be life-threatening. **Seek emergency care immediately for choking, aspiration, or shortness of breath.** Risk is higher in myasthenia gravis, Lambert-Eaton syndrome, and ALS.

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