Botox for Chronic Migraine

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

Chronic migraine is defined as headache on **15 or more days per month for more than three months**, with at least eight of those days carrying migraine features. It is a distinct condition, not simply "more headaches." Repeated attacks progressively sensitize the trigeminal nerve system, so the pain pathway fires more easily, more often, and to smaller triggers — a process called central sensitization.

Botox is approved specifically for chronic migraine. It is **not effective for episodic migraine** (fewer than 15 headache days per month), and this distinction determines both whether it will work and whether insurance will authorize it.

The Treatment: OnabotulinumtoxinA (Botox)

Botox acts at the nerve ending. It cleaves **SNAP-25**, a protein the nerve terminal requires in order to release its chemical signals. In migraine this blocks release of pain-transmitting neuropeptides — CGRP, substance P, and glutamate — from sensory nerve endings in the scalp, forehead, and neck, and reduces the surface expression of pain-sensing receptors.

Less signal traffic arriving at the brainstem means less ongoing sensitization of the central pain pathway. Botox is not a painkiller, a muscle relaxant, or a sedative. It quiets the nerve endings that keep the migraine system inflamed.

Our Approach: The PREEMPT Protocol

We use the FDA-approved **PREEMPT protocol**: 155 units divided across 31 fixed injection sites in seven muscle groups — forehead, brow, temples, back of the head, upper neck, and shoulders. Injections are small-volume and given with a very fine needle. Where a patient has a consistent, predictable pain location, we may add up to 40 additional units using a "follow-the-pain" strategy. Treatment repeats every 12 weeks.

Procedure Day Highlights:

- 31 small injections; the entire visit takes about **15 minutes**.
- Performed in the office. No sedation, no IV, and no imaging required.
- A very fine needle is used; most patients describe a brief pinch or sting.
- You may **drive yourself home** and return to work the same day.
- Ice may be applied before or after to reduce discomfort and bruising.

Benefits

- Fewer headache days per month, with benefit that accumulates across cycles.
- Reduced headache severity and shorter attacks.
- Reduced need for rescue medication, lowering the risk of medication-overuse headache.
- No daily pill, no sedation, and no drug interactions.

Recovery

- Return to normal activity immediately.
- Onset is gradual: 2–3 weeks, peaking near 6 weeks.
- Effect fades by weeks 10–12; treatment repeats at 12-week intervals.
- **Two full cycles** are needed before judging whether Botox works for you.

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DISCHARGE INSTRUCTIONS

Procedure Summary: Botox for Chronic Migraine

You received 155 units of onabotulinumtoxinA distributed across 31 sites in the forehead, brow, temples, occiput, cervical paraspinal muscles, and trapezius, following the PREEMPT protocol. The medication acts locally at nerve endings in these regions to reduce release of pain-signaling neuropeptides. **The effect is not immediate.**

Activity Restrictions

- **Upright:** remain upright for 4 hours. Do not lie flat.
- **Rubbing:** do not rub, massage, or press on the injection areas for 24 hours — this can spread medication into unintended muscles.
- **Exercise:** avoid strenuous exertion, heavy lifting, and heat (sauna, hot tub) for 24 hours.
- **Driving:** permitted immediately.

Injection Site Care

- **Dressing:** none required.
- **Ice:** 10–15 minutes as needed for soreness or bruising.
- **Bruising:** small bruises are common and resolve in 3–7 days.
- **Makeup:** may be reapplied after 4 hours.

What To Expect

- **Onset:** do not expect relief in the first week. Improvement typically begins at 2–3 weeks and peaks near 6 weeks.
- **Cumulative benefit:** response commonly improves from the first cycle to the second. Two cycles are required before a fair assessment.
- **Neck soreness:** temporary neck stiffness or a heavy-feeling head is common in the first 1–2 weeks as the neck muscles soften.
- **Continue your medications:** keep taking preventives and using rescue medication as prescribed unless told otherwise.
- **Headache diary:** track your headache days. This is how we measure response — and how insurance authorizes continued coverage.

Red Flags

- Difficulty swallowing, choking, or a change in your voice.
- Generalized muscle weakness, or weakness away from the injection sites.
- Difficulty breathing or shortness of breath.
- Drooping eyelid or double vision.
- Fever, spreading redness, or drainage at an injection site.

Follow-Up Schedule

- **12 Weeks:** next treatment cycle and response assessment.
- Injections are **not repeated sooner**. Shorter intervals increase the risk of antibody formation and permanent loss of response.
- Bring your completed headache diary to every visit.

Distant Spread — FDA Boxed Warning

Botulinum toxin can rarely spread beyond the injection site and produce difficulty swallowing or breathing. This has been reported hours to weeks after injection and can be life-threatening. **Seek emergency care immediately if it occurs — do not wait for our office to open.** Risk is higher in patients with myasthenia gravis, Lambert-Eaton syndrome, or ALS.

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