



*Better  
Together*

## Patient information

Injection of Botox for Spasmodic  
Dysphonia

Ear Nose and Throat Directorate

Your consultant has advised that you have injection of Botox to your vocal cord muscle.

### **What is Spasmodic Dysphonia?**

This is the name given to the problem you are experiencing with your voice.

### **What is Botox?**

Botox is Botulinum Toxin and it works by altering muscle activity. It is used in dilution for various procedures e.g. to stop twitching of the eye or for cosmetic procedures to reduce wrinkles.

### **How is the procedure performed?**

The procedure can be done in the outpatient clinic but this is unusual. The midline skin of your neck will be injected with local anaesthetic

An insulated needle will be inserted into the area of your vocal cord muscle, a special monitor allows the surgeon to identify the correct area to then inject the prepared Botox solution. You should feel only mild discomfort during the procedure. It may be done under a **general anaesthetic**.

### **What are the benefits of having Botox?**

This procedure should improve the quality of your voice if successful.

### **What are the risks of having Botox insertion?**

**Deterioration** - Your voice may seem worse for the first couple of days

**Failure** - The procedure may not be successful for technical reasons.

**Repeat procedure** - The effect is not usually permanent and needs repeating every four to five months.

**Coughing** – The injection may cause some temporary coughing

**Swelling / bruising** – This may occur in the skin of your neck due to the local anaesthetic injection.

**Difficulty swallowing** – This is a very rare complication due to contact of the solution with the tissue of your swallowing passage, this problem should resolve itself.

**Airway obstruction** – This is a rare complication due to abnormal vocal cord movement and rarely leads to emergency treatment to aid your breathing.

**Alternative treatment:** Speech therapy; but this is not always effective.

**No treatment:** Your symptoms will remain the same and may deteriorate.

### **What sort of anaesthetic will be given to me?**

If local anaesthetic is advised this will involve a small injection of local anaesthetic solution into the skin at the centre of your neck. The surgeon will do this. The injection tends to sting a little initially and then the area becomes numb.

However, you may be offered a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

### **Getting ready for your procedure;**

If having a general anaesthetic you will be seen in the pre-assessment clinic before you are admitted to hospital. Here you may have blood tests, or heart trace if necessary. You will be assessed to see if you are fit for an anaesthetic.

The nurse practitioner will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

If having a general anaesthetic you will be asked to stop eating and drinking for several hours before your operation. You will be asked to sign a consent form to say that you understand the procedure, and what the procedure involves. You will be able to discuss the procedure with a nurse practitioner.

## **The day of your procedure**

You will come to ENT clinic Broadgreen Hospital at your appointment time (unless general anaesthetic is required whereby you will be admitted to Broadgreen Hospital).

You may eat and drink as usual unless you are having a general anaesthetic in which case you will be advised in your letter when to stop eating and drinking.

## **Returning to work**

You can self certify for the first seven days of sickness, you may need a couple of days off if you rely on voice production.

## **Further Appointments**

The speech therapy department will contact you initially but thereafter you can contact them on the number below.

## **Further Information**

**If you have any further questions, or require further information, please contact:**

**ENT Nurse Practitioners:  
Helene Bryant/ Sue Bragan**

**Tel: 0151 706 2290**

**Text phone number: 18001 0151 706 2290**

**Speech Therapy**

**Tel: 0151 706 2700**

**Text phone number: 18001 0151 706 2700**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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