

Department of Physiotherapy

The use of Botulinum Toxin (Botox) treatment in children with Cerebral Palsy

Frequently asked questions following injection(s)

Information for parents and carers

This leaflet provides you with additional information now that your child has had botulinum toxin (Botox) injections. If you have not already received the information leaflet "The use of Botulinum Toxin (Botox) treatment in children with Cerebral Palsy or Acquired Central Nervous System Injury" please ask an appropriate member of staff.

Where has my child been injected?

Your child has had injection(s)

into _____

Will it be painful afterwards?

Some children do complain of some discomfort over the injection (needle) sites and some are pain free.

What should I do if my child has pain over the injection sites?

Your child can take an anti inflammatory or pain relieving drug. A pharmacist in your local chemist will be able to advise which one is best for your child. Do not exceed the recommended dosage

Will there be bruising?

There may be. In our experience most children do not have bruising because the needle used for the injection(s) is small.

What follow up is needed?

Your local physiotherapist should be informed that your child has had injection(s). We will try to do this before your child's appointment on the ward. This helps to ensure that an exercise programme / splints / equipment are in place afterwards

If your child is able to walk, they may be required to attend the Gait Laboratory 6 weeks after their injection(s)

A follow-up appointment in clinic usually is made for 6-8 weeks after the injections

How long before the Botox starts to work?

Botox starts to work within four - ten days following injections, reaching its peak within 2 weeks

How long will the Botox last?

The effects vary, often depending on the site of the injection. The relaxing effect can last for up to 6 months but may be shorter or longer. Once the effect has worn off, another injection may be needed. It is important therefore that your child attends the follow-up clinic appointment.

Can I leave splints off now?

No. If your child usually wears a splint, we would like this to continue as it will give support as the Botox begins to take effect.

Can my child carry on with their usual activities?

Yes, as long as your child does not complain of pain or discomfort.

Is there anything I shouldn't do?

No. It's important that your child carries on with their usual routine and exercise programme.

Will my child need more physiotherapy?

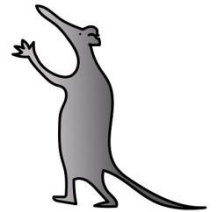
It is important that you continue with your child's exercise programme and use of splints and equipment. Your local physiotherapist will advise you of any changes that may be necessary.

When can he/she return to school?

Your child should not need any time off school.

Can he/she go swimming?

Yes



How will it affect my child over the coming months?

The Botox should not change your child's level of activity and independence. The reason for the injections will have been discussed with you in clinic.

What happens now?

In clinic, you and your child identified problems with mobility / function / ease of cares

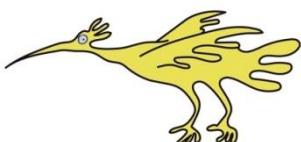
Joint goals have been set today to help us to identify what changes we are aiming to achieve by using Botox

You have scored these goals today, and we will ask you to repeat this again when you attend clinic for review. This will help you and us to monitor if the Botox has helped your child to achieve these goals.

What if I have any more questions after reading this leaflet?

You can contact Chris Sneade, Clinical Specialist Physiotherapist or Colm MacEoin, Specialist Physiotherapist on: 0151 252 5660

Dr Kumar can be contacted on: 0151 252 5164



Help us to help you

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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