Questions from participants during PCIS Neurotoxin Webinar: June 24, 2009

1) What reasons do the panelists have for trying Dysport if they have had a good experience with Botox Cosmetic?

   Dr. Papel: Dysport and Botox have subtle differences in their chemical makeup and in clinical actions. Both are excellent treatments for facial wrinkles. At times we face situations where one product works better for an individual patient, and we should always treat the patent with what works best for them. As we become more familiar with these differences our treatment decisions will improve.

2) What areas of the face would you use Botox vs. Dysport?

   Dr. Papel: The FDA indication for both Botox and Dysport is for the treatment of glabellar wrinkles. All other areas are considered "off-label." Treatment of crows' feet, bunny lines, brow ptosis, and forehead wrinkles are common areas of use. The use of botulinum toxin in the lower face may cause asymmetric smiles, difficulty drinking, or restrict some speech sounds. Therefore use in the lower face is only recommended with caution.

3) I understand that Dysport lasts longer and has a quicker onset. Is this true?

   Dr. Dailey: There is some disagreement regarding the quickness of onset and length of duration of effect of Dysport vs Botox. To some degree this is dose and technique dependent. A study done by Nick Lowe in London in 2006 to compare the two neurotoxins concluded that Botox "offered more prolonged efficacy than BoNTA2 [Dysport] in the treatment of glabellar lines the dose ration of 2.5:1" Botox/Dysport. In addition, "both formulations were similarly well tolerated." Early experience out of North America has suggested a quicker onset and longer duration of effect, maybe even 5-6 months. It is probably too early to tell.

4) How do you mix vials of Botox and Dysport? Are there storage differences and shelf life once mixed?

   Dr. Dailey: The vials are prepared in much the same fashion using sterile technique. A common dilution pattern for neurotoxins is one cc of saline for 100 u of Botox Cosmetic and 1.5 cc for 300 u of Dysport. These medications should NEVER be mixed together or pooled. One should follow the package instructions for specifics and use labels to avoid confusion of these two colorless liquids. Both manufacturers suggest storage in the refrigerator once mixed and suggest use within 4 hours.

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5) What are some incentives for using neurotoxins during this economic downturn?

Dr. Reisman: There are a number of reasons not to ignore the use of toxins in the plastic surgical practice. First, the demographics and use numbers indicate a large and increasing demand for these products and their effects. Patients want quick fixes, with minimal recovery and a natural appearance, all at a lower cost. The incorporation of toxins in our practices helps us meet patient demands. Secondly, I encourage each of us to learn good technique, and consider having the surgeon inject. I have been doing this for years, and almost 30% of my patients schedule additional procedures that we discuss during the treatment.

A growing number of physicians, specialties, and injectors are all utilizing toxins. If we allow this to become a "commodity", then anyone can inject, and the higher level of plastic surgery decisions and consultative input may be lost. In this economic downturn, toxins will definitely help our practices meet our patient demands, assist with cash flow, and help us avoid being disrupted by inappropriate non-professionals.

6) Is there an Algorithm for dealing with the Botox non-responder? (Myobloc related option)

Dr. Reisman: The toxin non responder should be addressed by reviewing good technique. Is the skin treated with alcohol just before injection without allowing time for drying? Is the toxin fresh, and dilution correct? Are the technique and injection sites appropriate for patient goals? Is the number of units injected appropriate for desired goals? Was there excess activity, or massage to the areas immediately after injection? Is there a resting "groove" in the glabellar area that will not improve without additional muscle release from the skin?

Review all the above to determine what, if anything, interfered with the desired result. I would consider trying again with your toxin, with a fresh start, newly activated vial, improved patient counseling, and record number of units in each area reassessing the patient 5-7 days. It is possible that one toxin may work better with a patient, but I believe it more technique and vial activity.