



## Improving Cosmesis

Botox™ can help to reduce or eliminate dynamic wrinkles and lines which are caused by muscular action in the face.

Glabellar frown lines – These make people appear angry, afraid or worried, and can be treated by surgery, filling agents or Botox™. For 2-3 hours after Botox™ injections, it is important to remain vertical, nor to rub the area, and to try to frown as much as possible. Men usually require larger doses of Botox™ than ladies. A touch up injection can be given after a month if there is under correction. Re-injection is recommended at 3 monthly intervals for a year, and then as required.

Crow's feet - These are maximal when laughing, and can be treated by surgery, resurfacing with the CO2 laser, Botox™, or a combination of resurfacing and Botox™. In the last case, Botox™ is given 2 weeks before resurfacing, and regularly for 6 months as remodelling of the skin occurs. Botox™ injections in this site last for a shorter time than for glabellar frown lines.

Horizontal forehead lines – These can make a person appear worried and are best treated by resurfacing or Botox™. Filling agents are not effective. Initially re-injection is required after 2 to 3 months.



Patient 1 – Photograph of upper face of an older patient before injection of Botox™



Patient 1 – Photograph of upper face after Botox™ to the forehead, glabella and crow's feet areas.

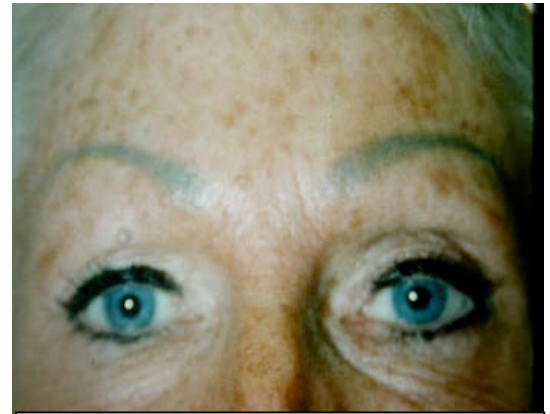


Patient 2 – Photograph of upper face of an older patient before injection of Botox™

Botox™ is also useful for raising the brow, lifting the eyelid, reducing nasal scrunching and flare, and reducing upper lip wrinkles. It is not recommended for “sad lines” around the lips or necklines. It is also useful where there is a pre-existing facial asymmetry (e.g. after a facial palsy or a brow lift operation) and in conditions of excessive sweating (hyperhidrosis).

### Benefits and Risks of Botox™

Some of the advantages of Botox™ include lack of known allergy and that there usually no signs of the treatment having been given. Rarely a patient may be resistant to Botox™, or under or over correction may occur. If no effect or a partial effect is seen, the Botox™ injections can be repeated. The injections are less predictable for lines of the lower face or neck. Most complications occur due to local spread of Botox™. There is a small risk of ptosis (drooping of the eyelid – this is usually no more than 1-2 mm), lip ptosis (after injections of crow’s feet), brow ptosis and double vision due to local spread of Botox™. These effects are temporary (usually last 2-10 weeks) and are reversible. Bruising may occur as with any other injection. Any headache is usually mild and lasts for a few hours only. Botox™ should not be used in patients who have had a recent tetanus injection, who are pregnant or breast feeding, allergic to albumin or normal saline injections, have muscle disease (e.g. myasthenia, myopathy) or are taking antibiotics in the aminoglycoside group (e.g. gentamicin).



Patient 2 – Photograph of upper face after Botox™ to the forehead, glabella and crow's feet areas.



Patient 3 - Photograph of glabellar area of an older patient before injection of Botox™.



Patient 3 – Photograph after injection of Botox™ to the glabellar area



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### **Ahmed's career**

Ahmed qualified from the University of London in 1987, and started training in Ophthalmology in London in 1989. He was a registrar and a fellow in Nottingham, and was appointed as Consultant Ophthalmic Surgeon specialising in phacoemulsification and oculoplastics at the Manchester Royal Eye Hospital in December 1998. He has over 50 publications, more than 50 presentations, and a DM (thesis on endonasal laser DCR).

### **Ahmed's roles at the Manchester Royal Infirmary & University**

Ahmed interviews for the Medical School, and teaches medical and optometry students. He examines medical students, and optometrists for the MOptom. He is a member of the Local Negotiating Committee on behalf of the Manchester Royal Eye Hospital, and is a North West Representative of the Hospital Consultants and Specialists Association. He has raised money for the Children's Hospital and Royal Eye Hospitals by arranging sponsored and participating in sponsored events. Ahmed has helped draft a new mobile telephone use policy and consent policy for the Trust which have become part of the hospital's policies.

### **Ahmed's roles outside CMMC**

Ahmed is a nominated representative of the Royal College of Ophthalmologists (RCOphth) on the General Optical Council (GOC). He is a Member of The RCOphth and a Founder Member of The British Oculoplastic Surgery Society. He is an examiner for the RCOphth as well as part of the Training The Trainers and Microsurgical Skills faculties. He has an interest in facial palsy management and is a medical adviser to the British Acoustic Neuroma association. He used to work as an Ophthalmic Medical Practitioner whilst a registrar, is a member of the Ophthalmic Qualifications Committee of the British Medical Association, and is involved with the Education Visitor Panel of the GOC.

He is active in research, a journal editor and reviewer. He is a committee member of the British International Doctors Association. He is a medical member of the Fitness to Practice and Appeals Panels of The General Medical Council. As well as a journal reviewer, he is a reviewer for Research for Patient Benefit and Map of Medicine.

Outside medicine, Ahmed is a school governor, is involved with medical charities and community finance initiatives, and is co-chair of the Manchester Christian-Muslim Forum.

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