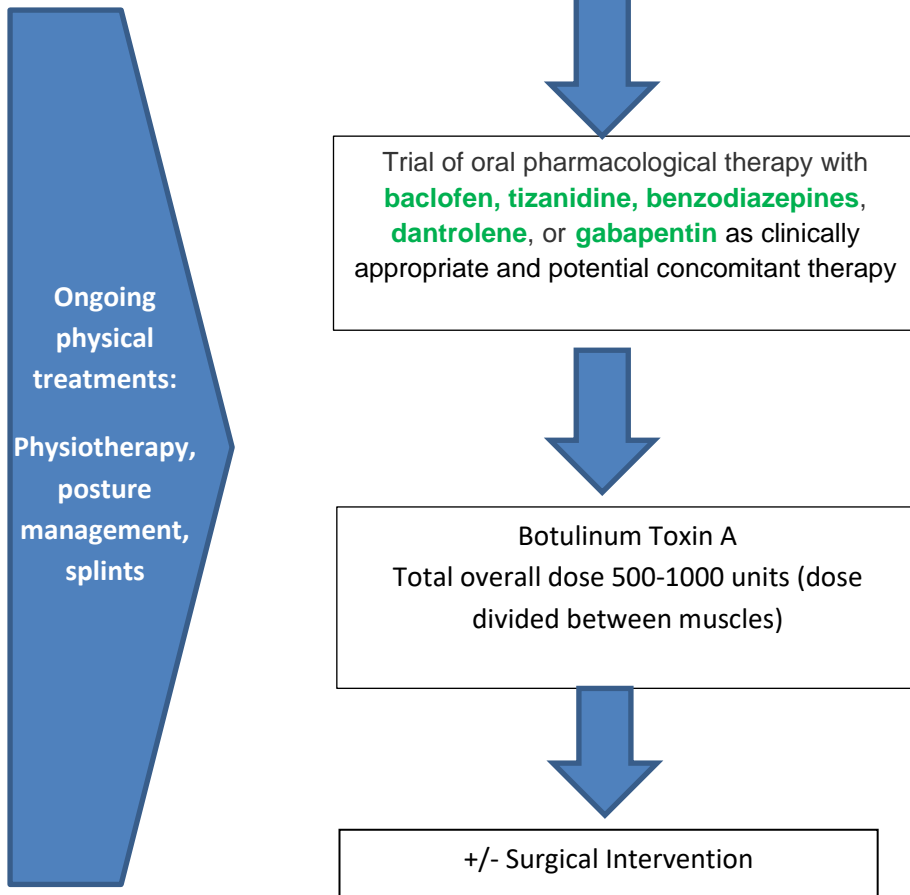


Use of Botulinum Toxin A for focal spasticity

Paediatrics



**Botulinum Toxin Retreatment**

Perform an assessment of muscle tone, range of movement and motor function: 6–12 weeks after injections to assess the response and 12–26 weeks after injections to inform decisions about further injections. These assessments should preferably be performed by the same healthcare professionals who undertook the baseline assessment. Clear goals for treatment should be agreed.

Consider repeat injections of botulinum toxin type A if: the response in relation to the child or young person's treatment goal was satisfactory, and the treatment effect has worn off and new goals amenable to this treatment are identified.

Retreatment should be no sooner than 4 months from the previous injection.

**Stopping criteria**

1. Ineffective therapy
2. Adverse reaction to drug
3. Fixed contractures

## **Adults**

Patients are managed in line with the Royal College of Physicians (2018) [Spasticity in adults: management using botulinum toxin](#) guideline.

### **References**

NICE CG145: Spasticity in under 19s: management <https://www.nice.org.uk/guidance/cg145/chapter/1-Guidance#botulinum-toxin-type-a-2>

Spasticity in adults:management using botulinum toxin National guidelines, Royal College of Physicians, 2018  
<https://www.rcplondon.ac.uk/guidelines-policy/spasticity-adults-management-using-botulinum-toxin>