

**BOTOX STORAGE AND TECHNIQUE**

**Dr. Munir Alam\***

MBBS (KE), FRCS (Ire), FRCS (Ed), FCPS (Plastic Surgery) Int/European Board Certified Cosmetic Surgeon,  
Consultant Plastic Surgeon, King Abdullah Hospital, Bisha, Saudi Arabia.

**\*Corresponding Author: Dr. Munir Alam**

MBBS (KE), FRCS (Ire), FRCS (Ed), FCPS (Plastic Surgery) Int/European Board Certified Cosmetic Surgeon, Consultant Plastic Surgeon,  
King Abdullah Hospital, Bisha, Saudi Arabia.

Article Received on 14/04/2021

Article Revised on 05/05/2021

Article Accepted on 26/05/2021

**Storage of BOTOX®**

BOTOX® and BOTOX® Cosmetic (botulinum toxin serotype A) purified neurotoxin complex is distributed in vials of 100 U of sterile, vacuum dried crystalline powder without preservative. The 100 U vials of BOTOX® are shipped frozen in insulated, styrofoam containers. When it reaches its destination it can be stored in its dry, powdered form in the refrigerator at a constant temperature of 2–8°C. Once reconstituted, the solution of BOTOX® can be stored again in the refrigerator at a constant temperature of 2–8°C. **DO NOT REFREEZE RECONSTITUTED BOTOX®.** Although the package insert for BOTOX® recommends the reconstituted product be used within four hours, studies have shown that after reconstitution, the potency of BOTOX® should remain consistent and unchanged for up to 6 weeks, and can be used without any noticeable change in clinical efficacy.<sup>[2,3]</sup>

**Current popular mode of preparing, handling, and storing BOTOX®**

	Popular Methods	Manufacturer Recommendations (4)
<b>STORAGE</b>		
Before reconstitution	≤ 24 months at 2–8°C	≤ 24 months at 2–8°C
After reconstitution	≤ 6 weeks at 2–8°C (3)	4 hours at 2–8°C
<b>PREPARATION</b>		
Diluent	Preserved normal saline (0.9% saline with 0.9% benzyl alcohol) (7) Non-preserved normal saline (0.9% saline). <b>DO NOT RINSE</b>	Preserved normal saline (0.9% saline with 0.9% benzyl alcohol) (7) Non-preserved normal saline (0.9% saline). <b>DO NOT RINSE</b>
Concentration	Concentrations 1–10 ml/100 U vial as needed for appropriate uptake and diffusion (4) 2.5 ml/100 U vial	Concentrations 1–10 ml/100 U vial as needed for appropriate uptake and diffusion (4) 2.5 ml/100 U vial
<b>HANDLING</b>	No special precautions (6)	Do NOT agitate or cause foaming
<b>INJECTION TECHNIQUE</b>	Insulin syringe with 26-30 gauge needle (8)	No recommendations

**Injection technique of BOTOX®**

BOTOX® Cosmetic should be injected with sterile, plastic, single-use syringes. In order to minimize the pain and bruising of injection, tuberculin syringes with a 30–32-gauge needle are used to administer BOTOX® Cosmetic. For those injectors who want to reconstitute BOTOX® Cosmetic with a minimum amount of diluent (1 ml or less) and be able to control the minutest amount of solution injected, an insulin syringe with an attached 29- or 30-gauge needle can be used. Insulin syringes (0.5 ml or 0.3 ml) have no

potential space at the hub where the needle is preattached, thereby minimizing any wastage of solution. In addition, the barrel of the syringe is scored with markings representing 0.01 ml that can be easily seen and which will correspond to 1 U of BOTOX® when a 100 U vial is reconstituted with 1 ml of diluent (8). To further reduce some of the discomfort associated with any type of intramuscular injection, the application of either a topical anesthetic, ice, or both on the skin surface at the injection site can help provide a more comfortable, positive experience for some patients.

Although there are no controlled studies to support certain commonly prescribed postoperative recommendations made to prevent diffusion of the BOTOX® beyond the injection site (distant diffusion), and recommend the following for their patients:

1. DO NOT massage the BOTOX® treated areas for 4–6 hours.
2. DO NOT bend over for prayer (e.g. to tie shoes or pick up something from the floor), gym exercise for a night after a BOTOX® treatment of the face.
3. LIMIT heavy physical activity, and lying down or sleeping for 2–3 hours after a BOTOX® treatment of the face.
4. DO contract treated muscles for 2–4 hours immediately after a BOTOX® treatment. This promotes the uptake of BOTOX® by the receptor sites at the neuromuscular junctions.

#### REFERENCES

1. Adapted from Carruthers *et al.* Consensus Recommendations on the Use of Botulinum Toxin Type A in Facial Aesthetics, *Suppl Plast Reconstr Surg*, 2004; 114: 2S.
2. Garcia A, Fulton JE Jr. Cosmetic denervation of the muscles of facial expression with botulinum toxin: a dose-response study. *Dermatol Surg*, 1996; 22: 39.
3. Hexsel DM, de Almeida AT, Rutowitsch M *et al.* Multicenter, double-blind study of the efficacy of injections with botulinum toxin type A reconstituted up to six consecutive weeks before application. *Dermatol Surg*, 2003; 29: 523.
4. Allergan, Inc. Botox Cosmetic (botulinum toxin type A) purified neurotoxin complex (Package Insert). Irvin, California: Allergan, Inc., revised, May. 2003.
5. Trindade de Almeida AR, Kadunc BV, Di Chiacchio N, Neto DR. Foam during reconstitution does not affect the potency of botulinum toxin type A. *Dermatol Surg*, 2003; 29: 530.
6. Klein AW. Complications and adverse reactions with the use of botulinum toxin. *Dis Mon*, 2002; 48: 336.
7. Alam M, Dover JS, Arndt KA. Pain associated with injection of botulinum A exotoxin reconstituted using isotonic sodium chloride with and without preservative: a double blind, randomized controlled trial. *Arch Dermatol*, 2002; 138: 510.
8. Flynn TC, Carruthers A, Carruthers J. Surgical pearl: the use of the Ultra-Fine II short needle 0.3cc insulin syringe for botulinum toxin injections. *J Am Acad Dermatol*, 2002; 46: 931–3.