



The Dudley Group  
NHS Foundation Trust

# Ultrasound-guided Botulinum toxin injections into the saliva glands

**Radiology Department**  
Patient Information Leaflet

## Introduction

This information leaflet has been provided as you have been referred for an ultrasound-guided Botulinum toxin injection (sometimes referred to as 'Botox').

This is available on the NHS as a treatment for adults with chronic sialorrhoea (excessive salivation and drooling) caused by neurological conditions.

The person that has referred you should have already discussed the reasons for your referral with you. If your symptoms have changed since you were referred, please let them know and they can discuss whether the injection is still suitable.

## What is a Botulinum toxin injection?

Botulinum toxin is produced by the bacterium 'Clostridium botulinum'. The toxin can be made into a drug which is used in small doses to temporarily reduce salivary secretions.

## What are the potential benefits of the injection?

An improvement in your symptoms by reducing dribbling and drooling.

This can help with oral hygiene, bad breath, skin changes around the mouth, dehydration, eating and speaking difficulties and risk of aspiration pneumonia.

## Who performs the injection?

The injection will be performed by a radiologist (a doctor who specialises in imaging). This will usually be a consultant. The injection will take place in an ultrasound room.

## What are the risks?

As with any injection, there is a small risk of bleeding and bruising which will usually settle without any treatment.

There is a small risk of infection. If you experience swelling, redness or increasing pain or temperature, you should contact your referring doctor via their secretary or your GP. If you have a specialist nurse, they may be able to help.

There is also a small risk of damage to nearby structures, such as nerves and blood vessels, and of causing paralysis to muscles outside of the glands.

This can lead to difficulty in swallowing or speaking, although this is usually temporary. Muscle paralysis could potentially lead to the inhalation of saliva, which can result in a chest infection.

**You must seek immediate medical attention if significant swallowing, speech or breathing difficulties occur. If they are severe, you should phone 999.**

By using the ultrasound machine to guide the needle, these risks are reduced compared to blind injections.

Occasionally, the treatment can leave you with thick saliva or a dry mouth. If this occurs please contact your referring doctor or specialist nurse for advice. This may in turn cause dental problems, and so regular dental check-ups should be maintained.

Rarely, some people may be allergic to a drug that they have not had before.

## Are there any alternatives?

These injections are usually a last resort after you have tried alternatives. These include non-drug options, such as speech and language therapy, occupational therapy and systemic treatments such as tablets and patches.

## Preparing for an injection

Please inform us if you:

- Have mobility issues or require assistance.
- Have a current infection.
- Are diabetic.
- Have any allergies.

- Are taking any anticoagulation (blood thinning treatments), such as warfarin, aspirin, clopidogrel (Plavix), dabigatran, apixaban or rivaroxaban (novel oral anticoagulants, also known as 'NOACs').

If you take warfarin, your international normalised ratio (INR) needs to be 1.4 or **under** on the day of the injection. You will need this to be confirmed by a blood test either earlier that day, or the evening before. The person that referred you should discuss the risks and benefits of doing this.

## Consent

The procedure will be explained to you again on the day, and you will be able to ask any questions that you may have.

We will ask you to sign a consent form at your appointment to say that you understand the information given in this leaflet and discussed at the appointment.

## About the injection procedure

The radiologist will determine the site of injection using the ultrasound machine with you lying or sitting on a couch.

Your skin will be cleaned with a sterile solution. Local anaesthetic is not usually given as it requires an additional needle puncture.

The salivary glands are injected through the skin. Usually, the two glands under the jaw (submandibular glands) are injected. Occasionally, the two glands near the ears (parotid glands) are also injected. This means that either two or four needles are used.

Including discussions, the procedure lasts around 30 minutes. We will ask you to wait with us in the department for another 15 to 30 minutes to ensure that you are safe to leave. You may wish to bring a companion with you on the day, although they would not usually be able to join you in the room. If you have any concerns regarding bringing a companion, please discuss with us before the day of the appointment.

Unfortunately, if you are late for your appointment, we may not be able to offer the injection on the same day.

## After the procedure

There may be some soreness at the injection site. This will usually settle with simple treatments such as painkillers and cool packs.

You may eat and drink normally.

The injection typically takes several days to have full effect. The duration of improvement varies from person to person, but is usually a few months.

Repeat injections may be performed at intervals of at least 16 weeks. You will need to ask the referrer (doctor or specialist nurse) to send another request to us.

## Where can I find more information?

<https://www.nice.org.uk/guidance/ta605/informationforpublic>

<https://www.evidence.nhs.uk/search?ps=40&q=Sialorrhoea>

## Contact details

You can contact the Russells Hall Hospital Ultrasound Department on 01384 456111 ext. 2002 / 2030.

If you need urgent medical help or advice, but it is not a life-threatening situation or 999 emergency, please call NHS 111.

**Please keep this leaflet in case you need to refer to it after the procedure.**

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Russells Hall Hospital Ultrasound Department on 01384 456111 ext. 2002 / 2030

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/radiology/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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