

A Review of the Handling and Disposal of Botulinum Toxin in a Maxillofacial Unit

Authors : Ashana Gupta

Abstract : Aim: In the UK, Botulinum Toxin (botox) is authorised for treating chronic myofascial pain secondary to masseter muscle hypertrophy (Fedorowicz et al. 2013). This audit aimed to ensure the Maxillofacial Unit is meeting the trust guidelines for the safe storage and disposal of botox. Method: The trust upholds a strict policy for botox handling. The audit was designed to optimise several elements including Staff awareness of regulations around botox handling. A questionnaire was designed to test knowledge of advised storage temperatures, reporting of adverse events, disposal procedures and regulatory authorities. Steps taken to safely deliver toxin and eliminate unused toxin. A checklist was completed. These include marks for storage temperature, identification checks, disposal of sharps, deactivation of toxin, and disposal. Results: All staff correctly stated storage requirements for toxin. 75% staff (n=8) were unsure about reporting and regulations. Whilst all staff knew how to dispose of vials, 0% staff showed awareness for the crucial step of deactivating toxin. All checklists (n=20) scored 100% for adequate storage, ID checks, and toxin disposal. However, there were no steps taken to deactivate toxin in any cases. Staff training took place with revision to clinical protocols. In line with Trust guidelines, an additional clinical step has been introduced including use of 0.5% sodium hypochlorite to deactivate botox. Conclusion: Deactivation is crucial to ensure residual toxin is not misused. There are cases of stolen botox within South-Tees Hospital (Woodcock, 2014). This audit was successful in increasing compliance to safe handling and disposal of botox by 100% and ensured our hospital meets Trust guidance.

Keywords : botulinum toxin, aesthetics, handling, disposal

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