What are the side effects?
There may be some temporary side effects. The most common are weakness/hoarseness of voice, which may last up to two weeks and some difficulty with swallowing, which normally only lasts for 2-3 days. The aim is to keep a balance between smoothing out the voice spasm, and not weakening the voice or the swallowing muscles too much. Some people do not suffer any side effects at all. People rarely feel ill following a botox injection.

How is the injection given?
The injection is performed by a trained ENT doctor in the outpatients department of the hospital. The injection takes only a few minutes to administer, and is monitored by electromyography (EMG) to ensure correct placement of the needle. The needle is inserted through the front of the neck and into the vocal folds.

Patients are usually able to carry on normally afterwards but must be aware of swallowing difficulties should they occur. Advice on how to manage side effects will be provided at the clinic.

We provide all patients undergoing the procedure with simple record forms to complete; this enables us to monitor the outcome of the injection and plan further treatment.

References:
Dystonia Medical Research Foundation (USA)
National Spasmodic Dysphonia Association (USA)
The Dystonia Society (U.K)
What is spasmodic dysphonia?
Spasmodic dysphonia (SD) is also known as laryngeal dystonia. (It sometimes used to be called spastic dysphonia.)

It is a neurological condition, affecting the vocal muscles of the larynx (voice box).

Symptoms may improve or disappear when yawning, laughing, singing or relaxing.

Spasmodic dysphonia may be aggravated by certain tasks such as continual use of the telephone. Stress sometimes makes the symptoms worse too, but it is not the cause.

What are the different types of spasmodic dysphonia?
There are two main types of voice problems:

In the more common adductor type, there is a spasm in the muscles of the vocal folds when they move together. The voice then has a strangled, strained, choked quality, often with problems of speech breaking up unintentionally. Talking is an effort.

In the abductor type, the over-contraction in the muscles happens as the vocal folds separate resulting in a choppy, breathy, whispering voice pattern.

What causes spasmodic dysphonia?
Most of the time, the cause of spasmodic dysphonia is unknown. In some cases it appears the onset is caused by trauma to the vocal folds, or sometimes people relate it to a stressful event. Regardless of the cause, the symptoms of SD are thought to be due to abnormal functioning in an area of the brain called the basal ganglia. This is part of the brain that helps us co-ordinate movements through our bodies. The general medical consensus is that SD is a central nervous system disorder.

When can it start?
It can start at any time of life, but it occurs more often in the 40-50 years age group and is slightly more common in women. A genetic factor is suspected in some patients as other family members may have signs of dystonia involving some other part of the body.

How is it diagnosed?
SD is a rare condition and is often confused with vocal abuse or vocal strain. Because there is no definite test for SD, the diagnosis rests on certain clinical symptoms being present. Occasionally patients may have other types of dystonia, e.g. blepharospasm (excessive eye blinking) but in most cases the problem remains in the voice box as a ‘focal dystonia’.

What causes spasmodic dysphonia?
Most of the time, the cause of spasmodic dysphonia is unknown. In some cases it appears the onset is caused by trauma to the vocal folds, or sometimes people relate it to a stressful event. Regardless of the cause, the symptoms of SD are thought to be due to abnormal functioning in an area of the brain called the basal ganglia. This is part of the brain that helps us co-ordinate movements through our bodies. The general medical consensus is that SD is a central nervous system disorder.

When can it start?
It can start at any time of life, but it occurs more often in the 40-50 years age group and is slightly more common in women. A genetic factor is suspected in some patients as other family members may have signs of dystonia involving some other part of the body.

How is it diagnosed?
SD is a rare condition and is often confused with vocal abuse or vocal strain. Because there is no definite test for SD, the diagnosis rests on certain clinical symptoms being present. Occasionally patients may have other types of dystonia, e.g. blepharospasm (excessive eye blinking) but in most cases the problem remains in the voice box as a ‘focal dystonia’.

What is the treatment for SD?
Since the underlying cause is unknown there is no cure for the condition. Sometimes voice therapy helps as patients benefit from relaxation and exercises to prevent their throat from tightening up. Patients also benefit from the extra control voice therapy gives them. Certain medications can help to relieve symptoms in some people.

Botulinum toxin injections (Botox)
Local injection of botulinum toxin into the vocal fold muscles has been found to be effective in treating SD. This is being used in quite a few centres in this country now, to improve voice quality.

It works by weakening the muscles, and so reducing the spasm in the vocal folds. In the larynx it is given in very small diluted quantities, and lasts for 6-8 weeks or more. The botox is not a cure, but injections can be repeated regularly according to individual need and resources available.