

# Botox Patient Guide

## Before - Procedure Day - Aftercare

A dense patient guide for safer decisions around Botox / botulinum toxin.  
This document does not replace diagnosis, in-person assessment or a personal treatment plan.



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June 2026 - 20-page patient education document

# A fast map of the guide.

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# How to use this guide

Prepare for consultation and ask safer questions.

Start

**This guide helps patients considering Botox / botulinum toxin understand preparation, procedure day, aftercare and the symptoms that should trigger prompt contact.**

## Clinically important points

- The information is educational and does not replace personal medical decision-making.
- Bring medications, medical conditions, allergies, prior aesthetic procedures and expectations.
- The aim is not a result promise; it is clearer candidacy, risk and follow-up planning.
- If uncertain, contact the clinic instead of relying on social-media comments.

### Best use

Read the full guide before consultation, mark relevant risk items and ask those questions directly.

# Botox / botulinum toxin at a glance

Short definition, realistic goal and key limits.

## Summary

**Botox / botulinum toxin is a medical aesthetic procedure considered for muscle activity, dynamic lines, selected facial balancing and masseter/bruxism goals. The plan depends on in-person assessment and individual risk review.**

## Decision table

<b>Goal</b>	Measured relaxation for dynamic wrinkles, expression-muscle activity and selected muscle-related aesthetic or functional goals.
<b>Not a goal</b>	Filler-like volume, skin-quality correction by itself or a promise to freeze all facial movement.
<b>Timing</b>	Initial effect often appears over days; clearer review around 10-14 days; duration fades over months individually.
<b>Core principle</b>	More treatment burden does not mean a better result; correct indication comes first.

## Clinically important points

- Correct candidacy matters more than a product or device name.
- Effects vary between patients; tissue, age, lifestyle and medical history matter.
- The same procedure is not planned identically for every patient.
- Treatment should follow examination, informed consent and a follow-up plan.

## Core decision sentence

Ask: 'Is my expectation realistic with Botox / botulinum toxin?'

# What it can and cannot do

Knowing limits is part of patient safety.

## Limits

**Botox / botulinum toxin can be the right option for selected goals, but it is not the answer to every aesthetic concern. Clear limits reduce unnecessary treatment risk.**

## Decision table

### More suitable goal

Measured relaxation for dynamic wrinkles, expression-muscle activity and selected muscle-related aesthetic or functional goals.

### Unrealistic expectation

Filler-like volume, skin-quality correction by itself or a promise to freeze all facial movement.

### May need combination

Volume, muscle activity, skin quality, pigmentation or laxity may require different plans.

## Clinically important points

- Starting anatomy and tissue quality strongly affect the outcome.
- Filtered photos or another patient's result should not define your target.
- One procedure should not be expected to solve every facial or skin concern.
- Postponement or a different recommendation can be good medical judgment.

## Expectation check

Choose one primary concern before consultation. If the main target is unclear, the plan will be unclear.

# Who may be a better candidate?

Candidacy depends on examination, not age alone.

## Candidacy

**Patients with dynamic lines or muscle-activity concerns who want natural expression preservation and understand botulinum toxin limits may be better candidates.**

## Decision table

### Better profile

Patients with dynamic lines or muscle-activity concerns who want natural expression preservation and understand botulinum toxin limits may be better candidates.

### More cautious profile

High sensitivity, active skin disease, uncontrolled illness or pressure from a major event.

### Assessment rule

Photos may help triage; candidacy requires in-person physician assessment.

## Clinically important points

- Expectations should be natural and measured.
- Active infection, uncontrolled disease or unrealistic goals can postpone treatment.
- Prior procedure and complication history should not be hidden.
- Accessible follow-up is part of treatment safety.

## Consultation prep

Bring your main concern, treatment timing and any prior complication history to the appointment.

# When should treatment wait?

Sometimes not treating today is the safer medical decision.

## Postpone

**Botox / botulinum toxin may be postponed with active infection, open wounds, uncontrolled disease, pregnancy/breastfeeding or new problems in the treatment area. Neuromuscular disease, swallowing/breathing history, active infection, pregnancy/breastfeeding and certain medications require specific review.**

## Symptom triage

### Postpone today

Fever, active infection, open wound, cold sore, clear irritation or feeling unwell.

### Re-plan with physician

Pregnancy/breastfeeding, anticoagulants, immunosuppression, implants or recent surgery.

### Consider another route

Expectations outside the procedure scope, strong external pressure or need for another specialty.

## Clinically important points

- Report fever, active cold sore, skin infection or open wound before arrival.
- Disclose blood thinners, immunosuppressive treatment and serious allergy history.
- Recent dental work, surgery or another aesthetic procedure can change timing.
- Postponement is a safety decision, not a failure.

### Urgent warning

Seek emergency medical care for breathing difficulty, widespread allergic reaction, neurological symptoms, vision change or rapidly worsening infection.

# What should be clarified first?

A good plan is understandable before treatment.

## Consultation

**Consultation should cover expectation, medical history, medications, allergies, previous procedures, photography, risks, alternatives and follow-up planning.**

## Printable checklist

Can I state my main concern in one sentence?

Have I written all medications and supplements?

Have I disclosed allergy, cold sore, keloid or healing history?

Do I know dates of prior Botox, filler, laser, RF or mesotherapy?

Is there pregnancy, breastfeeding or recent surgery?

Do I have travel or major-event dates?

I asked which official sources or safety guidance inform the discussion.

I know the correct contact route for urgent symptoms.

## Decision table

### Patient shares

Expectation, prior procedures, medication, conditions, travel and event dates.

### Physician assesses

Candidacy, risks, alternatives, treatment limits and follow-up plan.

### Joint decision

Treatment, postponement, combination plan or referral.

## Consultation note

If the plan is not clear, you do not have to decide the same day. Ask for explanation.

# Preparation 4-2 weeks before

Keep planning calm and predictable.

4-2 weeks

The weeks before treatment should keep skin and general health stable, reduce unexpected medication or procedure changes and clarify follow-up access.

## Timeline

- 1** **4 weeks before**  
Prepare prior procedure history and medication list.
- 2** **2 weeks before**  
Protect the skin barrier; avoid strong new actives.
- 3** **1 week before**  
Make travel, follow-up and social plans realistic.
- 4** **48 hours before**  
Report fever, cold sore, infection or skin reaction.

## Clinically important points

- Do not start strong new skincare or aggressive home treatments.
- Report sunburn, infection or irritation.
- Share dates of other aesthetic procedures.
- Avoid scheduling immediately before major events.

## Planning note

For first-time treatment, leave a reasonable buffer before important events.

# Final 48 hours and morning of treatment

Simple preparation improves follow-up.

## Final 48 hours

The final two days are about calm skin, clear health communication and avoiding a rushed treatment day.

## Printable checklist

No fever, infection, cold sore or new skin reaction.

Medication and supplement list is ready.

Allergy and prior reaction notes are ready.

No intense exercise or sauna is planned after treatment.

I know whether to arrive without makeup or heavy skincare.

My short question list is prepared.

## Decision table

### Do

Simple care, adequate sleep, open communication.

### Avoid

New actives, intense sun, alcohol/exhaustion and stopping medication on your own.

### Report

Fever, cold sore, infection, new medication, dental work or skin reaction.

## Final check

If you feel unwell on treatment morning, contact the clinic before arrival.

# Procedure-day flow

Identity, consent, plan, application and discharge education.

## Procedure day

Procedure day for Botox / botulinum toxin includes a brief health update, area review, photography/markings if needed, informed consent, application and discharge instructions.

## Timeline

- 1 Arrival**  
Health change, medication and consent check.
- 2 Planning**  
Area, dose/parameter, product or device approach.
- 3 Application**  
Region-by-region treatment, comfort monitoring, pauses if needed.
- 4 Discharge**  
First care, warnings, photo/follow-up and contact plan.

## Clinically important points

- The plan may change for safety or comfort.
- Report pain, burning, dizziness or any unusual symptom during treatment.
- Normal symptoms and warning signs should be clear before discharge.
- Follow-up and contact route should be clearly understood.

## During procedure

Do not try to prove endurance; report unmanageable sensation immediately.

# What does it feel like?

Zero sensation should not be expected; comfort should be manageable.

## Comfort

**Botulinum toxin injections may feel like brief needle pricks and mild stinging; treatment is usually short, but comfort varies by person and area.**

## Decision table

### May be expected

Botulinum toxin injections may feel like brief needle pricks and mild stinging; treatment is usually short, but comfort varies by person and area.

### Speak up immediately

Sharp, increasing, unmanageable pain; burning; dizziness; vision or breathing symptoms.

### Wrong target

More discomfort does not mean a better result.

## Clinically important points

- Sensitivity varies between patients and regions.
- Open communication improves comfort and safety.
- Severe or increasing pain should not be accepted as normal.
- Post-procedure tenderness should generally trend down.

## Comfort scale

Rate the feeling from 0 to 10. If it becomes unmanageable, tell the physician immediately.

# What is normal immediately after?

The first appearance is not the final outcome.

## First hours

Tiny redness, pinpoint swelling, tenderness or occasional bruising can occur. The effect is not complete on the same day.

## Symptom triage

### Observe at home

Mild, improving symptoms that do not affect general health.

### Call the clinic

Increasing pain, marked swelling, color change, worsening or unexpected asymmetry.

### Emergency care

difficulty swallowing, breathing difficulty, generalized muscle weakness, speech change, double vision or serious allergic reaction

## Clinically important points

- Do not stress the treated area on the first day.
- Avoid excess heat, intense exercise and unnecessary massage.
- Do not add strong products or medication unless advised.
- If a symptom worsens, do not assume it is normal.

### Urgent warning

Seek prompt medical assessment if you develop: difficulty swallowing, breathing difficulty, generalized muscle weakness, speech change, double vision or serious allergic reaction.

# First-week aftercare

Correct care is better than excessive intervention.

## First week

The first week focuses on keeping the treated area calm, confirming symptoms are improving and reporting concerning changes early.

## Printable checklist

I cleansed the area gently.

I avoided excess heat, sauna, steam room and tanning bed.

I tracked whether symptoms are improving or worsening.

I maintained sun protection and barrier-friendly care.

I did not self-start antibiotics, antivirals or strong products.

I know my follow-up timing.

## Decision table

**0-24 hours**

Calm care and avoiding excess heat.

**2-3 days**

Tenderness should trend down; worsening is reported.

**1 week**

The area should be calmer; active skincare returns by personal plan.

## Follow-up note

Keep a symptom log: start time, area, severity, trend and associated symptoms.

# When are results assessed?

Early impression and mature outcome are different.

## Results

**Botulinum toxin effect begins gradually. Early judgment may be misleading; symmetry, expression and dose effect are usually reviewed more meaningfully around 10-14 days.**

## Timeline

- 0-24 hours**  
Pinpoint redness and mild tenderness settle.
- 3-5 days**  
Initial effect may begin.
- 10-14 days**  
Symmetry and effect are reviewed more meaningfully.
- 2-4 months**  
Effect gradually fades depending on the patient.
- Follow-up**  
Touch-up or repeat decisions require assessment.

## Clinically important points

- Use the same light and angle for photo comparison.
- Weight change, sleep, sun, smoking and skincare can affect appearance.
- Early improvement is not final; early subtle change is not automatic failure.
- Repeat treatment should depend on assessment and response, not a calendar alone.

## Correct assessment

Judge results through the original goal, follow-up examination and standardized photos, not a different-light selfie.

# Medication, infection and special risks

Small details can change the plan.

## Medication

**Neuromuscular disease, certain medications such as aminoglycosides, blood thinners, pregnancy/breastfeeding, prior toxin response and product authenticity matter.**

## Decision table

### Neuromuscular disease

Muscle disease, swallowing or breathing history requires special review.

### Medication interaction

Some antibiotics and drugs affecting neuromuscular transmission can alter planning.

### Blood thinners

Bruising context is discussed; medication is not stopped without approval.

### Product units

Botulinum toxin product units are not interchangeable.

## Clinically important points

- Do not stop blood thinners on your own.
- Disclose isotretinoin, steroids, biologics and immunosuppressive treatment.
- Active cold sores, dental abscess, skin infection or antibiotic use should not be hidden.
- Herbal supplements and non-prescription products belong on the list too.

### Safe sentence

Ask directly: 'Does this medication or condition change my procedure plan?'

# Warning signs

Use the right contact route without delay.

## Warning signs

After treatment, the key questions are whether symptoms are improving, whether one side is clearly different and whether general health symptoms are present.

## Symptom triage

### Observe at home

Mild redness, pinpoint swelling or improving tenderness.

### Call the clinic

Unexpected asymmetry, eyelid heaviness/droop, increasing bruising or severe headache.

### Emergency care

Swallowing/breathing difficulty, generalized weakness, speech change or serious allergic reaction.

## Clinically important points

- Mild improving symptoms are usually more reassuring.
- Increasing pain or rapid worsening should be assessed.
- Photos can help; they do not replace examination.
- Serious symptoms should not wait only for message replies.

### Urgent warning

Seek emergency care for difficulty swallowing, breathing difficulty, generalized muscle weakness, speech change, double vision or serious allergic reaction.

# Photo and follow-up policy

Photos support follow-up; they do not replace diagnosis.

## Photo and follow-up

**Photos are useful for baseline and follow-up comparison. Light, angle, expression, lens, makeup and swelling can all change interpretation.**

## Decision table

### Good follow-up photo

Multiple angles, consistent light, no filter, with procedure date and symptom timing.

### Misleading photo

Filtered, different lighting, too close, makeup-covered or different lens.

### Limit

Photos do not replace touch, temperature, pain, circulation or neurological assessment.

## Clinically important points

- Use the same light, same angle, similar distance and no filters.
- Close symptom photos and general area photos serve different purposes.
- Vision, breathing, neurological symptoms or serious infection should not wait for photos.
- Remote review can help in some cases; it does not replace examination.

## Follow-up format

When sending photos, include date, time since treatment, pain score and symptom trend.

# Printable patient checklist

A practical one-page pre-appointment summary.

Printable checklist

This checklist reduces missed details during consultation. Save or print it before the appointment.

## Printable checklist

Medication and supplement list is ready.

Allergies and prior reactions are written.

Cold sore, infection or wound status is disclosed.

Pregnancy/breastfeeding information is shared if relevant.

Recent dental work or antibiotic use is written.

Prior aesthetic dates are noted.

Major event and travel dates are shared.

I asked what not to expect.

I know warning signs and contact route.

I know my last toxin date and treatment areas.

I disclosed neuromuscular, swallowing or breathing history.

I explained how natural I want expression to remain.

## Decision table

### Bring

Medication list, prior procedure dates, allergy and health notes.

### Before leaving

Normal symptoms, warning signs, aftercare and follow-up timing.

### Emergency

Serious symptoms require emergency care in addition to clinic contact.

## Bring to appointment

Keep this page in the PDF or print it before consultation.

# Sources and clinic contact

References support transparency, not result promises.

## Sources

This guide was prepared using regulatory safety information, clinical literature, patient-safety principles and FDA botulinum toxin boxed warning, non-interchangeability of toxin units and patient information standards.

## Decision table

<b>FDA/DailyMed label</b>	dailymed.nlm.nih.gov - BOTOX Cosmetic prescribing information, boxed warning, revised 10/2024.
<b>Boxed-warning focus</b>	Distant spread of toxin effect; swallowing, speech or breathing difficulty may need urgent assessment.
<b>Unit safety</b>	Botulinum toxin product units are not considered interchangeable.
<b>Patient question</b>	Clarify muscle target, dose logic, review timing and urgent warning signs.
<b>Clinic</b>	Dr. Hamza Gemicı - Ataşehir, İstanbul.
<b>Contact</b>	+90 532 344 82 16 - drhamzagemici.com.

## Clinically important points

- Sources support the safety frame of this guide; personal indication decisions require in-person assessment.
- Official product/device warnings should be discussed during consent and patient education.
- If a complication is suspected, use the clinic or emergency-care route rather than search results.
- This PDF does not provide published fee quotes, result promises, remote diagnosis or a personalized treatment plan.

## Final note

Botox / botulinum toxin should be considered for the right patient, with the right expectation and follow-up plan. Personal decisions require in-person physician assessment.