Botulinum Toxin Injection Techniques: Crow's Feet

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Crow's feet injection is one of the simplest and most satisfying applications of botulinum toxin.

The radiating dermal crow's feet lines result from the concentric constriction of the underlying orbital and preseptal orbicularis oculi muscle. Orbicularis oculi injections of botulinum toxin diminishes both active and static crow's feet rhytids, may prophylactically delay the onset and progression of such wrinkles, and improves final outcome following ablative periocular resurfacing. Since the thin periocular skin is prone to visible bruising, injection should be in the subdermal plane while avoiding actual intramuscular injection. The loose periocular subdermal plane in the area of crow's feet rhytids should visibly balloon up when the injection is delivered at the proper depth. Following injection, the patient may apply pressure for 1–2 min over the injection sites to minimize bruising (Fig. 130.1a–c).

Crow's Feet Treatment Keys

- Avoid visible vessels.
- Insulin syringe with integrated 30-gauge needle.
- Injection sites 1–2 cm lateral to lateral canthal angle.
- 10–15 units total dose per side divided into 2–5 injections per side.
- Injections 1–5 cm apart.
- Apply pressure after each injection.

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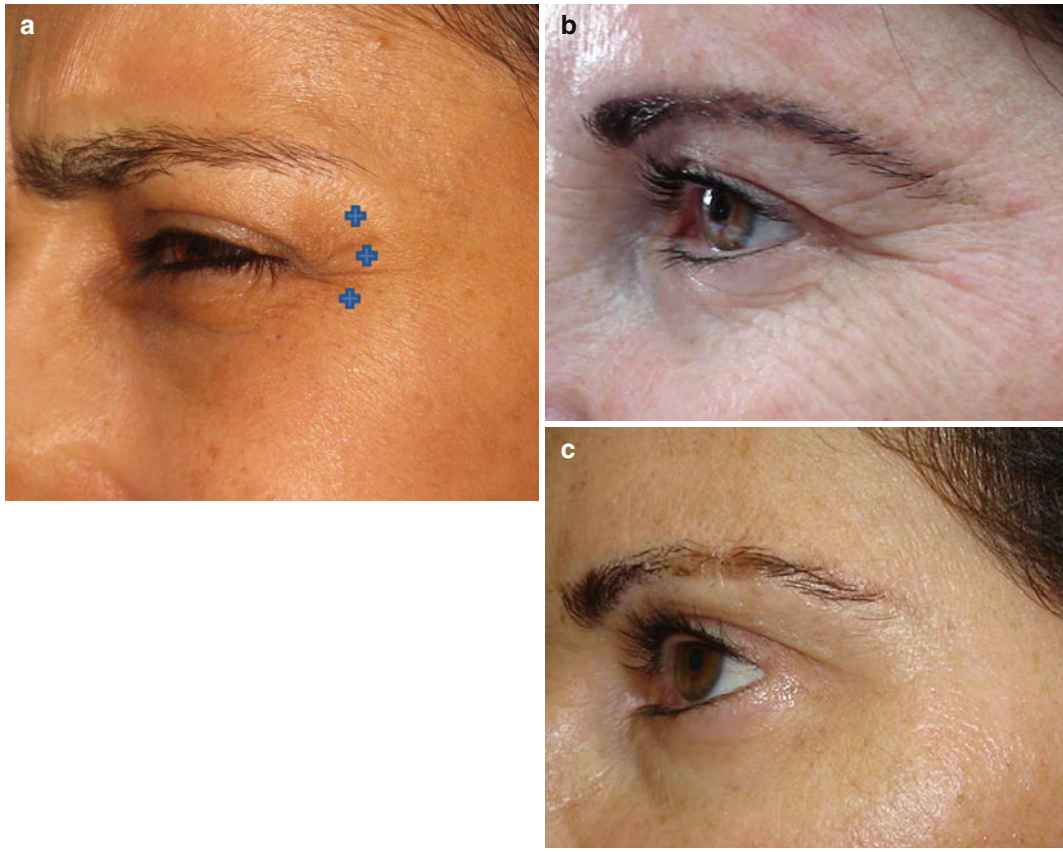

Fig. 130.1 (**a**) Typical injection sites for crow's feet rhytids. (**b**) Before and (**c**) after injection showing improvement in rhytids