

Dysport

Bahrain · access guide

How to access Dysport for spasticity, cervical dystonia, or sialorrhea from Bahrain: 2026 pathway via SMC, BDF, KHUH, and cross-border KFSHRC Riyadh

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Dysport (abobotulinumtoxinA, Ipsen) is one of the established botulinum toxin type A products with a broad set of approved therapeutic indications: cervical dystonia in adults, upper and lower limb spasticity in adults and in children aged 2 and older, and chronic sialorrhea. Dysport has been commercially available in Bahrain for many years through specialist neurology, physical medicine and rehabilitation, paediatric services, and otolaryngology in the main public and private tertiary network. In-country specialist injection capacity is more concentrated than in the larger GCC markets; cross-border to KFSHRC Riyadh or Cleveland Clinic Abu Dhabi remains a relevant option for complex paediatric spasticity cases or for the regional reference paediatric neurorehabilitation programme at Sidra Medicine Doha.

One boundary up front. Dysport is also FDA-approved for cosmetic improvement of glabellar lines. Cosmetic botulinum toxin is a routine elective service widely available in Bahrain private aesthetics clinics. Reserve Meds does not coordinate cosmetic botulinum toxin access. The page below is for therapeutic Dysport. If you are looking for cosmetic treatment, the right next step is a local aesthetics clinic, not this page.

What Dysport is, in plain language

Dysport is botulinum neurotoxin type A. It is administered by intramuscular injection at the affected muscle group, by a trained specialist physician, in a clinic setting. The injected toxin temporarily blocks the chemical signal that tells the muscle to contract. The injected muscle becomes weaker over 2 to 7 days, the effect peaks at 2 to 4 weeks, and the muscle recovers to baseline over 12 to 16 weeks. The injection cycle then repeats.

Dysport is never self-administered. The patient does not receive a vial at home. The product is held at the treating hospital's specialty pharmacy, reconstituted by the injecting physician on the day of the appointment, and administered in the clinic.

Dysport units are not interchangeable with Botox, Xeomin, or Myobloc units. The injecting physician prescribes by the Dysport unit specifically.

The therapeutic indications, briefly

Cervical dystonia (adult): 500 units divided across affected neck muscles, re-injection at 12 weeks. **Upper limb spasticity (adult):** up to 1000 units divided per session, re-injection at 12 to 16 weeks. **Lower limb spasticity (adult):** up to 1500 units divided per session. **Paediatric spasticity (age 2 and older):** weight-based dosing, integrated with paediatric neurorehabilitation. **Sialorrhea (adult and paediatric age 3 and older):** parotid and submandibular gland injection with ultrasound guidance.

The Bahrain specialist injection picture in 2026

Bahrain concentrates specialist injection capacity in the public-sector tertiary network with private-sector complement and selective cross-border referral for complex cases:

Adult cervical dystonia (movement disorders neurology): Salmaniya Medical Complex (SMC) Manama neurology, Bahrain Defence Force (BDF) Hospital neurology, King Hamad University Hospital (KHUH) neurology, and the Bahrain Specialist Hospital private neurology service.

Adult spasticity (physical medicine and rehabilitation): SMC rehabilitation services, BDF Hospital, KHUH PM&R. The Bahraini rehabilitation infrastructure is workable for the standard adult spasticity case; complex multi-disciplinary cases requiring integrated paediatric neurosurgery, advanced gait analysis, or advanced orthotic management sometimes cross-refer to KFSHRC Riyadh, SBAHC Riyadh, or Cleveland Clinic Abu Dhabi PM&R.

Paediatric spasticity (paediatric neurology and paediatric rehabilitation): SMC paediatric neurology and BDF paediatric services carry the in-country paediatric injection capacity. For severe paediatric cerebral palsy requiring integrated paediatric anaesthesia, selective dorsal rhizotomy adjacent management, or the regional reference paediatric neurorehabilitation programme, the cross-border option is Sidra Medicine Doha. The MoH Treatment Abroad pathway funds eligible cases.

Sialorrhea injection (otolaryngology): ENT at SMC, BDF Hospital, and KHUH, often co-managed with the referring neurology or paediatric team.

The pathway is straightforward in Bahrain for the standard adult case because Dysport is commercially registered and stocked through the public-sector and private hospital specialty pharmacies. There is no named-patient or NPP routing complexity for the standard indications. The operational questions are which specialist, which clinic, what the appointment cycle looks like, and how the funding pathway runs (state-funded for Bahraini nationals via SMC or BDF, commercial insurance or self-pay for the non-national private sector, and the MoH Treatment Abroad pathway for paediatric cases referred to Sidra Doha).

Eligibility and the conversation with the specialist

The first appointment is the clinical assessment to confirm the indication, set the realistic treatment goal, plan the muscle targets and dose, and align the patient or family on the injection cycle commitment.

Pre-injection review covers active infection at the planned sites, active neuromuscular junction disease (myasthenia gravis, Lambert-Eaton, ALS as relative contraindications), aminoglycoside antibiotic exposure, anticoagulant status, and pregnancy or lactation status. The treating specialist sets the re-injection calendar with a minimum 12 weeks between sessions for the same muscle group.

The injection session, step by step

A 30-to-60-minute clinic appointment. The patient is positioned, sites marked, EMG or ultrasound guidance used for deeper muscles, vial reconstituted by the physician, injections given, 15-to-30-minute post-injection observation. The specialist briefs on what to expect (onset 2 to 7 days, peak 2 to 4 weeks, recovery over 12 to 16 weeks) and on warning signs.

For paediatric injection sessions in-country, sedation arrangements at SMC or BDF paediatric anaesthesia. For complex paediatric cases referred to Sidra Doha, the perioperative pathway is set by Sidra's paediatric anaesthesia integration.

The 2026 pathway, step by step

Week 0: Referral. The primary physician, neurologist, or paediatrician refers to the appropriate specialist. For Bahraini nationals, the referral routes through SMC or BDF.

Week 1 to 6: First specialist assessment. Indication confirmed, treatment goal set, injection plan drafted. For Bahraini nationals, state-funded budget through SMC, BDF, or KHUH; for non-Bahrainis, commercial insurance pre-authorisation or self-pay arrangement.

Week 4 to 10: Injection appointment scheduling. For paediatric cases referred to Sidra Doha, the cross-border coordination adds 4 to 8 weeks.

Week 6 to 16: First injection session. Reserve Meds coordinates appointment logistics, the post-injection physiotherapy schedule, and the 12-to-16-week re-injection calendar.

Week 18 to 24: First post-injection follow-up and re-injection.

Month 6 to 12: Ongoing 12-to-16-week injection cycle integrated with rehabilitation.

Cost expectation in BHD

For Bahraini nationals being treated at SMC, BDF, or KHUH, therapeutic botulinum toxin for cervical dystonia, spasticity, and sialorrhea is typically funded through the state budget. The patient's out-of-pocket exposure is minimal.

For non-Bahraini residents and Bahraini nationals routed through the private sector, the cost picture is set per centre. Per-vial private-pay cost of Dysport at the Bahrain specialty pharmacy commonly runs USD 800 to USD 1,500 per 500-unit vial. Per-session injection cost typically runs USD 1,500 to USD 4,000 depending on indication, dose, and centre. Annual drug-plus-procedure cost for a spasticity patient receiving 4 sessions per year at the upper unit end is approximately USD 8,000 to USD 16,000.

At 2026 indicative cross rates, the BHD-equivalent annual cost band is approximately BHD 3,000 to BHD 6,000 per patient. Commercial insurance coverage through the Bahrain commercial insurers is commonly available for therapeutic botulinum toxin with documented medical necessity and prior authorisation. Cosmetic glabellar line injection is patient-pay only and is not coordinated by Reserve Meds.

For paediatric cases referred to Sidra Doha via the MoH Treatment Abroad pathway, the cross-border funding is managed by the MoH; Reserve Meds supports the family in coordinating travel, accommodation, and the appointment cycle.

What to monitor

Distant spread of toxin effect (boxed warning): difficulty swallowing or breathing, generalised weakness, eye droop. Highest risk in paediatric limb spasticity at higher doses. Briefed at every session.

Dysphagia after cervical dystonia injection: common, dose-related, usually mild and self-limited.

Injection-site reactions: local pain, bruising, mild swelling. Self-limited.

Antibody formation with repeated injection: 12-week minimum re-injection interval is the discipline that minimises this risk.

Pregnancy: limited data, case-by-case benefit-risk discussion. **Lactation:** generally compatible.

Drug interactions: aminoglycosides and other neuromuscular junction blockers may potentiate. Medication review at every session.

Religious, ethical, and family-logistics framing

Dysport contains human serum albumin as an excipient. The treating specialist can discuss Xeomin (which does not contain human serum albumin) for patients or families who prefer to avoid the human serum albumin component. Reserve Meds raises this proactively where it is likely to be relevant.

The 12-to-16-week injection cycle accommodates Ramadan, Hajj, summer travel, and family commitments without significant disruption.

For paediatric patients, spasticity care is a multi-year commitment integrated with physiotherapy, orthotic management, and where appropriate orthopaedic and neurosurgical input.

When Dysport is not the right call

For cosmetic glabellar lines, Dysport via Reserve Meds is not the pathway. Local Bahrain aesthetics clinics provide cosmetic botulinum toxin as a routine elective service.

For patients with active neuromuscular junction disease, active infection at the injection site, severe fixed contracture (orthopaedic surgical referral), or neutralising antibodies to type A with reduced clinical response (Xeomin or Myobloc alternative), the specialist sets the threshold and the operational pathway shifts accordingly.

For paediatric cases beyond the in-country specialist capacity, the cross-border option is Sidra Medicine Doha or KFSHRC Riyadh.

Reserve Meds does not push Dysport as a default. The page above describes the Dysport pathway because Dysport is the product the patient or family has asked about.

What Reserve Meds does on this case

We are a US-based concierge coordinator for specialty pharma access. For therapeutic Dysport cases in Bahrain we identify the appropriate specialist, coordinate the first specialist appointment in-country or cross-border to KFSHRC Riyadh or Sidra Doha for complex paediatric cases, run the insurance or state-funded pre-authorisation, schedule the injection session and the post-injection physiotherapy programme, and maintain the 12-to-16-week re-injection calendar. We do not sell, dispense, store, transport, or administer the product.

Cosmetic botulinum toxin for glabellar lines is outside Reserve Meds scope. Clinical decisions remain with your treating specialist.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

Reserve Meds

reserved for you.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

reservemeds.com · hello@reservemeds.com