Dysport

United Arab Emirates · access guide

How to access Dysport for spasticity, cervical dystonia, or sialorrhea from the UAE: 2026 pathway via specialist injection clinics

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

Dysport (abobotulinumtoxinA, Ipsen) is one of the long-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 the UAE for many years through specialist neurology, physical medicine and rehabilitation, paediatric neurorehabilitation, and otolaryngology services. This page explains how a UAE-resident adult or paediatric patient with a therapeutic indication for Dysport navigates the specialist injection pathway in 2026: which centre, which prescriber, what the appointment looks like, what insurance covers, and what to expect over the 12-to-16-week re-injection cycle.

One boundary up front. Dysport is also FDA-approved for cosmetic improvement of glabellar lines (the vertical frown lines between the eyebrows), and that is the indication most people associate with the brand name. Cosmetic botulinum toxin is a routine elective service widely available in UAE private aesthetics clinics, with same-day appointment availability and modest cost. Reserve Meds does not coordinate cosmetic botulinum toxin access. The page below is for therapeutic Dysport: cervical dystonia, spasticity, sialorrhea. If you are looking for cosmetic glabellar line 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 and softer over 2 to 7 days, the effect peaks at 2 to 4 weeks, and the muscle gradually 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. The patient comes in for the appointment, the injection is given, and the patient goes home with no take-home medication.

A point that matters for safety and for any conversation with another prescriber: Dysport units are not interchangeable with Botox (onabotulinumtoxinA) units, Xeomin (incobotulinumtoxinA) units, or Myobloc (rimabotulinumtoxinB) units. These are different products. Conversion ratios circulate in the literature but no regulator endorses them. The injecting physician prescribes by the Dysport unit specifically.

The therapeutic indications, and what each one means

Cervical dystonia (adult). Involuntary contraction of the neck muscles causing abnormal head and neck posture, often painful. Diagnosed by a neurologist with movement disorders experience. The injection session targets the over-active neck muscles, typically the sternocleidomastoid, splenius capitis, levator scapulae, and trapezius in different combinations depending on the dystonic pattern. Standard total adult dose is 500 units divided across the target muscles per session, with re-injection at 12 weeks. Most patients report substantial pain reduction and posture improvement during the active window.

Upper limb spasticity (adult). After stroke, traumatic brain injury, spinal cord injury, multiple sclerosis, or other upper motor neuron lesion, the affected arm and hand develop a stiff posture with the elbow flexed, the forearm pronated, the wrist flexed, the fingers curled into the palm, the thumb pulled in. This posture limits hygiene, dressing, hand function, and pain control. Injection therapy targets the over-active muscles (biceps, brachialis, pronator teres, flexor carpi muscles, flexor digitorum muscles, adductor pollicis as relevant) with the goal of restoring a more useful posture and creating a 12-to-16-week window for physiotherapy and occupational therapy to capitalise on. Total session dose up to 1000 units divided across affected muscles. Re-injection at 12 to 16 weeks.

Lower limb spasticity (adult). Stiff knee gait, equinovarus foot, adductor spasticity affecting transfer and seating. Injection targets gastrocnemius, soleus, tibialis posterior, rectus femoris, hamstrings, hip adductors as relevant. Total session dose up to 1500 units divided. Re-injection at 12 to 16 weeks. Combined with orthotic management, gait training, and serial casting in selected patients.

Paediatric spasticity (age 2 and older, upper and lower limb). Spastic cerebral palsy or other static encephalopathy is the dominant aetiology. Paediatric injection is best done in a specialist paediatric neurorehabilitation programme with paediatric anaesthesia or sedation available, because the injection session involves multiple sites in a child who may not tolerate the procedure awake. Weight-based dosing: upper limb 8 to 16 units per kg per limb, lower limb 10 to 15 units per kg per limb, with session totals capped. Re-injection at 12 to 16 weeks, integrated with the rehabilitation programme, orthotic adjustments, and where appropriate orthopaedic and neurosurgical management.

Sialorrhea (chronic drooling, adult and paediatric age 3 and older). Excessive drooling from neurological causes (cerebral palsy, motor neuron disease, Parkinson's disease, post-stroke). Injection by an otolaryngologist or trained specialist, with ultrasound guidance, into the parotid and submandibular salivary glands, reduces salivary flow. Doses approximately 2 units per kg per parotid and per submandibular gland, or fixed regimens. Re-injection cycle is similar to spasticity at 12 to 16 weeks.

The UAE specialist injection picture in 2026

The UAE has substantial specialist capacity for therapeutic Dysport across the relevant subspecialties:

Adult cervical dystonia (movement disorders neurology): Cleveland Clinic Abu Dhabi neurology, Sheikh Shakhbout Medical City neurology, American Hospital Dubai, Mediclinic City Hospital Dubai, Burjeel Medical City neurology, the Dr Sulaiman Al Habib network in Dubai, and NMC tertiary neurology services.

Adult spasticity (physical medicine and rehabilitation): Cleveland Clinic Abu Dhabi PM&R, Healthpoint Abu Dhabi (Mubadala-affiliated rehabilitation tertiary centre), Burjeel Royal Hospital PM&R, SSMC rehabilitation, the Dr Sulaiman Al Habib rehabilitation services. The PM&R injection clinic typically integrates with the hospital's physiotherapy and occupational therapy departments so the patient can move from injection to rehabilitation seamlessly during the active treatment window.

Paediatric spasticity (paediatric neurology and paediatric rehabilitation): Al Jalila Children's Specialty Hospital Dubai (the UAE's dedicated paediatric tertiary centre), SKMC paediatric neurology, SSMC paediatric rehabilitation, Cleveland Clinic Abu Dhabi paediatric services, Tawam Hospital Al Ain paediatric services. Paediatric injection sessions with sedation or general anaesthesia are concentrated at Al Jalila, Cleveland Clinic, and SSMC where the paediatric anaesthesia capability is available. Families of children with severe cerebral palsy and complex spasticity sometimes travel to Sidra Medicine Doha for the regional paediatric SDR programme integrated with botulinum injection therapy.

Sialorrhea injection (otolaryngology): ENT departments at the major tertiary centres above, often co-managed with the referring neurology or paediatric team.

The pathway is straightforward in the UAE because Dysport is commercially registered and available. There is no named-patient or NPP routing complexity. The operational questions are which specialist, which clinic, what the appointment cycle looks like, and how the insurance pre-authorisation runs.

Eligibility and the conversation with the specialist

The first appointment with the specialist is not the injection appointment. It is a clinical assessment to confirm the indication, define the realistic treatment goal, plan the muscle targets and dose, and align the family on what the injection cycle commits to.

For cervical dystonia, the neurologist confirms the diagnosis (excluding secondary causes), documents the dystonic pattern with photo or video, and discusses the 12-week injection cycle. For spasticity, the physiatrist or neurologist documents the upper motor neuron lesion (stroke, TBI, MS, CP), assesses the affected muscles with the Modified Ashworth Scale, defines a goal (pain reduction, hygiene, transfer, gait, hand function), and plans the muscle targets. For sialorrhea, the otolaryngologist confirms the burden (drooling rate, social and respiratory impact) and plans the gland targets.

Pre-injection review covers active infection at the planned sites (postpone if present), active neuromuscular junction disease (myasthenia gravis, Lambert-Eaton, ALS are relative contraindications that may exclude botulinum therapy), aminoglycoside antibiotic exposure (which can potentiate the toxin effect), anticoagulant status (for injection-related bleeding management), and pregnancy or lactation status. Pregnancy data are limited and the specialist applies a benefit-risk discussion case by case; lactation is generally considered compatible.

The treating specialist sets the re-injection calendar at the first session. Minimum 12 weeks between sessions for the same muscle group. Earlier re-injection raises the theoretical risk of neutralising antibody formation that reduces clinical response over time. The 12-to-16-week cadence is the discipline.

The injection session, step by step

The session itself is usually a 30-to-60-minute clinic appointment.

The patient is positioned (seated, supine, or prone depending on muscle targets). The injection sites are marked. For deeper or smaller muscles, EMG guidance or ultrasound guidance is used; the specialist either has the equipment in clinic or schedules the injection in a procedure room with imaging available. The Dysport vial is reconstituted by the physician with 0.9% saline at a dilution selected for the target muscle volume. The injections are given. Patients describe the sensation as similar to other intramuscular injections: brief and tolerable.

After the injections the patient is observed in clinic for 15 to 30 minutes. The specialist briefs the patient and family on what to expect: onset of effect in 2 to 7 days, peak effect at 2 to 4 weeks, recovery over 12 to 16 weeks. Warning signs that require urgent attention (difficulty swallowing or breathing, generalised weakness, eye droop) are explained. A physiotherapy or rehabilitation plan is set for the active treatment window where the injected muscle is relaxed and the opportunity for retraining is greatest.

For paediatric injection sessions, the sedation or anaesthesia plan is set in advance. Al Jalila, Cleveland Clinic Abu Dhabi, and SSMC paediatric services have established paediatric anaesthesia integration. The session is longer in the perioperative pathway but the injection portion is the same.

The 2026 pathway, step by step

Week 0: Referral. The patient's GP, family physician, or first-treating neurologist refers to the appropriate specialist (movement disorders neurology for cervical dystonia, PM&R for adult spasticity, paediatric neurology or paediatric rehab for paediatric spasticity, ENT for sialorrhea).

Week 1 to 4: First specialist assessment. Indication confirmed, treatment goal set, injection plan drafted, insurance pre-authorisation initiated.

Week 4 to 8: Insurance approval and first injection scheduling. For Emirati nationals, Thiqa pre-authorisation; for commercial insurance, Daman, AXA, Oman Insurance, Cigna, Bupa, MetLife as applicable; for self-pay, the cost picture is set out below.

Week 6 to 10: First injection session. Reserve Meds coordinates the appointment logistics, the post-injection physiotherapy schedule where applicable, and the 12-to-16-week re-injection calendar.

Week 18 to 22: First post-injection follow-up and re-injection appointment. The treating specialist reviews response, refines the dose and muscle targets, and re-injects. The cycle repeats.

Month 6 to 12: Ongoing 12-to-16-week injection cycle integrated with rehabilitation. Annual specialist review to reassess overall function, treatment goals, and whether to continue, modify, or discontinue.

Cost expectation in AED

Per-vial private-pay cost of Dysport at the UAE specialty pharmacy commonly runs USD 800 to USD 1,500 per 500-unit vial. Per-session injection cost including physician fee, clinic fee, supplies, and the vial itself typically runs USD 1,500 to USD 4,000 depending on indication, dose, and centre. A spasticity patient receiving 4 sessions per year at the upper unit end runs an annual drug-plus-procedure cost of approximately USD 8,000 to USD 16,000.

At 2026 indicative cross rates, the AED-equivalent annual cost band is approximately AED 29,000 to AED 59,000 per patient. Insurance coverage for therapeutic botulinum toxin (cervical dystonia, spasticity, sialorrhea) is commonly available through Thiqa for Emirati nationals via the rare-disease and chronic-condition pathway, through Daman for employer-sponsored plans, and through the major commercial insurers (AXA Gulf, Oman Insurance, MetLife, Cigna, Bupa) with documented medical necessity and prior authorisation. Cosmetic glabellar line injection is patient-pay only and is not coordinated by Reserve Meds.

For self-pay patients the cost picture above is the full exposure. Reserve Meds is transparent about this at intake.

What to monitor

The safety conversation for Dysport is anchored on a small set of issues.

Distant spread of toxin effect. The boxed warning. Botulinum toxin injected at one site can occasionally spread to muscles beyond the target, with effects ranging from mild generalised weakness or fatigue to, rarely, dysphagia (difficulty swallowing) or respiratory compromise. The risk is highest in paediatric limb spasticity at higher doses, in patients with underlying neuromuscular disease, and at injection sites close to the airway. Patients and families are briefed on the warning signs (difficulty swallowing, breathing, generalised weakness, eye droop) and instructed to seek immediate medical attention if they occur.

Dysphagia after cervical dystonia injection. Common and dose-related. Usually mild and self-limited over 1 to 4 weeks. The injecting neurologist adjusts dose and muscle selection at subsequent sessions based on response.

Injection-site reactions. Local pain, bruising, mild swelling, occasional minor bleeding. Usually self-limited and managed with standard local care.

Neck pain after cervical dystonia injection. Often paradoxical, related to muscle weakness shifting head support to adjacent unaffected muscles. Usually transient.

Antibody formation. With repeated injection some patients develop neutralising antibodies that reduce clinical responsiveness over time. The 12-week minimum re-injection interval is the discipline that minimises this risk. If responsiveness reduces over time, the specialist considers alternative brands (Xeomin has lower theoretical immunogenicity; Myobloc for type B if neutralising antibodies to type A are confirmed) or alternative therapeutic options.

Pregnancy. Limited human data. The specialist applies a benefit-risk discussion case by case. Lactation is generally considered compatible at therapeutic doses given the minimal systemic absorption.

Drug interactions. Aminoglycoside antibiotics and other neuromuscular junction blockers may potentiate the toxin effect. Medication review at every session.

Religious, ethical, and family-logistics framing

Dysport is a purified bacterial protein. The active ingredient is botulinum toxin type A produced from Clostridium botulinum cultures and purified. The formulation contains human serum albumin and lactose as excipients. The human serum albumin component is relevant for some Muslim patients and families who want to confirm the sourcing. The treating specialist can discuss alternatives (Xeomin, which does not contain human serum albumin) for patients or families who prefer to avoid the human serum albumin excipient. Reserve Meds raises this proactively where it is likely to be relevant.

The 12-to-16-week injection cycle is operationally forgiving. Ramadan, Hajj, summer travel, school holidays, and family commitments can be planned around four-times-a-year appointments without significant disruption. For paediatric spasticity, the injection schedule often integrates with school holidays so that the active rehabilitation window aligns with time when family support is available.

For paediatric patients the family-logistics conversation is the larger one. Spasticity care is a multi-year commitment with injection, physiotherapy, occupational therapy, orthotic fitting, and where appropriate orthopaedic and neurosurgical input. The injection by itself is the smaller part. The family commits to the wraparound rehabilitation programme as much as to the injection cycle.

When Dysport is not the right call

For cosmetic glabellar lines without a therapeutic indication, Dysport via Reserve Meds is not the pathway. Local UAE private aesthetics clinics provide cosmetic botulinum toxin as a routine elective service. The clinical setting, the cost, and the operational pathway are entirely different. Reserve Meds does not coordinate cosmetic botulinum toxin.

For patients with active neuromuscular junction disease (myasthenia gravis, Lambert-Eaton, ALS), botulinum toxin can worsen weakness and is a relative contraindication. The treating neurologist makes the case-by-case call; Reserve Meds does not push a default.

For patients with active infection at the planned injection site, the session is postponed until the infection resolves.

For patients with severe fixed contracture where the joint range of motion is mechanically restricted by tendon shortening rather than over-active muscle, botulinum injection alone does not restore function. The pathway in those cases shifts to orthopaedic surgery (tendon lengthening, tendon transfer, joint release) with botulinum injection as adjunct rather than primary therapy.

For patients with severe spasticity not adequately managed by oral medication plus focal injection, the conversation may move toward intrathecal baclofen pump (adult) or selective dorsal rhizotomy (paediatric, at regional reference centres such as Sidra Medicine Doha). The specialist sets the threshold.

For patients who have developed neutralising antibodies to botulinum toxin type A with reduced clinical response, the alternatives are Xeomin (lower theoretical immunogenicity) or Myobloc (type B, different antigen). The specialist makes the brand-switching call.

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. If the conversation with the specialist points toward a different botulinum brand, oral spasticity medication, intrathecal pump, surgical management, or rehabilitation alone, the operational pathway shifts accordingly.

What Reserve Meds does on this case

We are a US-based concierge coordinator for specialty pharma access. For therapeutic Dysport cases in the UAE we identify the appropriate specialist (movement disorders neurologist for cervical dystonia, physiatrist for adult spasticity, paediatric neurologist or paediatric rehab for paediatric spasticity, otolaryngologist for sialorrhea), coordinate the first specialist appointment, run the insurance pre-authorisation conversation in parallel with the clinical pre-authorisation, schedule the injection session and the post-injection physiotherapy or rehabilitation programme, and maintain the 12-to-16-week re-injection calendar across the year. We do not sell, dispense, store, transport, or administer the product. The treating specialist and the dispensing centre own clinical and supply chain.

Cosmetic botulinum toxin for glabellar lines is outside Reserve Meds scope. If the question is therapeutic Dysport for cervical dystonia, spasticity, or sialorrhea, this is the right page. If the question is cosmetic, a local UAE aesthetics clinic is the right next step. 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.

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