In patients with myofascial trigger points, an area of increased spontaneous electromyography (EMG) activity exists in the 1-2mm surrounding the nidus of the trigger point. Current research has focused on Botox® use in the treatment of myofascial trigger points. Data was collected at baseline, after transperineal concentric needle EMG localization of spastic PFM, as a treatment for HTPFD: implanted Botox® use for HTPFD at this time.

**Exclusion criteria:**
- Prospective, open-label, pilot
- Baseline
- Caucasian
- African American
- Contamination
- Clinical history (≥3 in 1 week)
- Vaginlodyria (≥3 in 1 week)
- Vaginal anatomy
- Vaginal pain
- Botox use
- Botox-related adverse events
- Use of medications needed for the study
- Infection at the injection site (permanent)

**Evaluation criteria:**
- Pelvic examination
- PFM strength and endurance
- Stress Urinary Incontinence (4.8%)
- Constipation (28.6%)

**Adverse Events:**
- Nausea
- Vomiting
- Sexual activity
- Pain and pelvic pressure but without significant difference from placebo group

**Lost to Follow up:**
- 9/21 (42.9%)
- 1/21 (4.8%)

**Visual analogue scale (0-10) for dyspareunia in women:**
- Worsened (30%)
- Same (58.8%)
- Improved (10.2%)

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- Darlene Morrissey, Natasha El-Khwand, Natasha Ginzburg, Salim Wehbe, Peter O’Hare III, Gurial Dhillon, Elizabeth Elias, Kristene Whitmore

**Conclusion:**
- With these challenging patients, multiple treatment modalities are often crucial to improving quality of life. Botox® appears to have efficacy in this population.
- Future studies, including a randomized controlled trial, are needed to better evaluate the role of implanted Botox® injections for high-risk pelvic floor dysfunctions.