

Necks age differently than faces. The skin is thinner, the muscles are more active, and the constant motion of looking down at phones has introduced a modern pattern of creasing that patients bring up every week. When someone asks about “tech neck,” they usually mean two things: horizontal lines etched by posture and motion, and a general softening or laxity that makes the jawline look less crisp on video. Another frequent concern, often separate from tech neck, is the appearance of vertical cords or “bands” that pop out when speaking or smiling. Both issues can respond well to targeted botox treatment, though the strategy, dosing, and expectations differ. Done correctly by a skilled botox provider, the neck can look smoother, the jawline can appear more defined, and the overall face reads as more rested.

I’ve treated hundreds of necks over the past decade. Patterns repeat, [botox](#) but anatomy and goals vary. The best results come from a careful assessment, a conservative botox procedure at the start, and a realistic plan that may combine therapies. If you are weighing a botox appointment for your neck, here’s how I frame the decision and guide patients through the process.

## **Tech neck versus platysmal bands: two different targets**

The term “tech neck” has become a catchall, but from a treatment standpoint we break it down into two categories. Horizontal lines are creases in the dermis, created by repeated flexion and worsened by thinner skin and lower collagen. These lines sit in the skin and respond only partially to muscle relaxation. They often need surface-level support: skincare, microneedling, lasers, or superficial filler placement, sometimes in microdroplets. Botox cosmetic injections can help indirectly if excessive muscle pull is part of the habit, but they are not a magic eraser for etched lines.

Vertical bands are something else. They come from the platysma muscle, a sheet that fans from the chest and shoulder region to the lower face. With age, the platysma can separate in the midline and become hyperactive. When you clench, pronounce certain words, or grimace, the bands stand out as tight “cords.” Botox injections aimed at the platysma can relax those cords. This approach, often called a “Nefertiti lift” when extended along the jawline, can create a softer neck contour and a subtler mandibular definition. Unlike tech neck creases, platysmal bands respond predictably to botox therapy, provided dosing and injection points are correct and safety margins are respected.

## **How botox works in the neck**

Botox is a neuromodulator. It temporarily blocks the release of acetylcholine, which relaxes the targeted muscle. In the neck, we want to weaken specific fibers of the platysma without allowing the product to drift deep into the swallowing muscles or too high into the lower facial elevators that help us smile. This is where technique matters. The botox specialist injects superficially, in tiny aliquots, mapping along the visible bands or along the lower border of the jaw and the lateral neck if jawline pull-down is a concern.

Most people start to see a softening of bands within 3 to 7 days. The full botox results typically settle by two weeks. The effect lasts about 3 to 4 months for most, sometimes 5 to 6 months in lighter doses or with consistent maintenance. How long botox lasts depends on dose, metabolism, muscle strength, and how often the muscle is recruited.

## **Assessing your neck: what I look for in a consultation**

A thoughtful botox consultation does not rush to the needle. I watch the neck at rest and in motion, asking you to say a few phrases, look up, swallow, and grimace gently. I palpate the bands, check for asymmetry, and note skin quality. I look at your jawline and lower face, because the neck and lower third of the face function as a unit. If the corners of the mouth pull down strongly, or if the masseter is bulky and contributes to a boxy lower face, we may consider adjunctive botox for jaw slimming or targeted depressor anguli oris relaxation to harmonize the result.

For tech neck, I mark the deepest horizontal lines, then ask about your skincare habits and sun exposure. If the lines are shallow and the skin is robust, a light “microbotox” approach can soften superficial pull, especially in the lateral neck, but I caution that static creases might need skin-directed treatments. I also review your medical history to screen for contraindications, such as active infection, certain neuromuscular disorders, or recent major surgery.

## **What to expect during a botox neck appointment**

The botox procedure itself takes 10 to 20 minutes. We cleanse the area thoroughly. Many clinics apply a topical anesthetic for comfort, although most patients find the small botox shots tolerable. The number of injections varies by anatomy. For vertical bands, I often place 2 to 4 tiny deposits per band, spaced along the visibly active segment. When

we extend the plan into a Nefertiti pattern, I add a row of microinjections along the mandibular border and sometimes lateral neck points that address the downward pull of the platysma.

Dosing ranges can vary widely. A conservative first session might be 20 to 40 units across the neck for minor bands, while more pronounced banding can require 50 to 70 units distributed with care. In some cases, especially when we are blending a Nefertiti pattern with band treatment, the total can edge higher. Your botox doctor will tailor the plan, often starting lower to gauge your response, then adjusting at a two-week follow up if needed. The aim is a natural softening, not a frozen neck or any change in normal swallowing.

## **Safety, risks, and how to stack the odds in your favor**

Botox safety in the neck depends heavily on correct depth, mapping of the platysma, and staying clear of deeper structures. The primary risks include temporary neck weakness that makes certain head positions feel effortful, a subtle change in smile if product diffuses upward into the depressors near the mouth, and in rare cases, difficulty swallowing if injections are too deep or too medial. Bruising and mild tenderness are common but short-lived. Headache can occur, though it is less frequent with neck work than forehead treatment.

I avoid treating certain areas if you are training for a major event that requires sustained neck strength, such as long-distance cycling with a forward head position. I also adjust technique if you have a history of dysphagia or significant reflux. During your botox consultation, be candid about any swallowing issues, prior neck surgery, or unusual muscle responses. A careful injection plan greatly reduces the risk of side effects.

## **What botox can and cannot do for tech neck**

Patients often bring photos with a ringed crease, asking if botox will erase the line. Here's the trade-off. Botox can reduce dynamic motion that exacerbates folding. It can also subtly smooth the lateral neck if we use microdoses superficially. But if a line is deeply etched, think of it like a crease in a shirt that has been ironed in for years. Botox softens the motion that keeps the crease forming, yet it does not refill the groove. Skin-directed therapies, such as radiofrequency microneedling, non-ablative laser resurfacing, and conservative superficial filler, often pair best with botox for these lines.

I tell patients to expect a two-part plan. First, relax the muscles that are over-contributing. Second, improve the fabric of the skin with collagen-stimulating treatments and diligent sun protection, plus daily use of a retinoid or bakuchiol alternative if retinoids are not tolerated, and a well-formulated sunscreen. A neck cream can help with hydration and texture, but product alone does not rebuild collagen. Technology and needles still do the heavy lifting for etched creases.

## **The Nefertiti concept and jawline refinement**

When platysma pulls strongly on the lower face, it can blunt the jawline and drag down the corners of the mouth. Targeting this downward pull with botox aesthetic injections along the mandibular border allows the elevators of the lower face to dominate, creating a subtly lifted look. It is not a facelift, and no one should promise that effect. The difference is visible at rest and in motion as a clearer angle and less strain in the lower third. I often pair a Nefertiti-style pattern with small doses to the depressor anguli oris and mentalis if indicated, and sometimes with masseter botox when jaw clenching is part of the picture. Patients notice that their lower face looks less tense and their neck bands no longer jump in every candid photo.

# Tu DAS niemals nach einer Botox Behandlung

Was man unbedingt beachten muss



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## Dosing philosophy: conservative first, tailored second

With any botox face injections, but especially in the neck, I prefer a conservative starting dose. This is not about under-treating so you need more. It is about mapping your neuromuscular response and staying safely on the right side of function. Two weeks later, at the botox follow up, we refine. Some people metabolize quickly and need a small top-up. Others show the perfect softening with the initial plan. Over the next one or two cycles, we find your maintenance dose and timing.

If you are new to botox for the neck, you might hear terms like baby botox, natural botox, or subtle botox. These refer to lighter dosing or microdroplet patterns designed to smooth without eliminating motion. In the neck, this gentler approach is often the safest first pass, especially for tech neck. For prominent platysmal bands, microdosing alone will not cut it, but we can still distribute the total dose in small, precise points to avoid diffusion.

## How long results last and what maintenance looks like

Most people plan for botox maintenance every 3 to 4 months. Over time, as the muscle retracts and the habit of over-recruitment diminishes, intervals may stretch to 4 to 6 months in some cases. For tech neck, we set expectations differently. If your primary goal is improving horizontal lines, the cadence will be determined by skin treatments, not just botox. Microneedling series are often done monthly for three months, then every 3 to 6 months for maintenance, with botox touch up layered when you notice more neck movement again.

For vertical bands, the reappearance is pretty obvious. You will see the cords return when you speak or strain. I advise booking your next botox appointment when you start to notice a 30 to 50 percent return of movement, not after the muscle is fully back to baseline. This way, dosing remains steady and results do not swing dramatically.

## Cost, pricing variables, and why skill matters more than unit price

Botox pricing varies by region, clinic, and injector experience. Some practices quote by unit, others by area. A neck treatment that focuses only on a couple of vertical bands might use 20 to 30 units, while a combination approach for pronounced bands with jawline refinement can range higher. Typical botox cost for the neck can span a few hundred dollars to over a thousand, depending on units and geography. It is tempting to hunt for botox deals or botox specials, but in the neck, bargain hunting can backfire if technique is poor. The cost of a correction or months of living with a heavy-feeling neck far outweigh a one-time discount.

A good botox clinic invests in assessment, precise technique, and follow up. Ask who is injecting you. Is it a board-certified botox doctor or a highly trained botox specialist with extensive neck experience? Do they offer a two-week check? Will they adjust if asymmetry appears? If you are comparing botox packages, read the fine print on units, follow up policies, and who performs the injections.

## Combining botox with fillers, energy devices, and skincare

When the goal is a smoother, younger-looking neck, a single modality rarely does it all. Botox tackles muscular overactivity. Fillers, used carefully and superficially, can address discrete horizontal lines and mild volume irregularities,

though caution is critical given the thin skin and vascular anatomy. Energy-based devices, such as radiofrequency microneedling or ultrasound, stimulate collagen to improve texture and laxity. Fractional lasers can help with crepey skin and pigment.

For a patient with moderate banding and moderate horizontal lines, a staged plan often works best. Start with botox for the bands. Two weeks later, reassess motion. If bands are well controlled, schedule a series of two or three collagen-stimulating sessions. Consider conservative microdroplet filler for one or two stubborn rings only after the tissue shows early remodeling. Layer medical-grade skincare, including a retinoid, peptides, and daily high-SPF sunscreen. The synergy is where transformation happens.

## **Special cases: men, athletes, and patients with high-demand necks**

Men often have stronger platysmal activity and thicker skin. Doses can trend higher, but the same rule applies: test, then titrate. Some men push back on a softer neck because they fear it will look less defined. In practice, relaxing overactive bands can sharpen the jawline, not blur it. The key is careful placement along the mandibular border to avoid weakening the elevators.

Athletes who rely on neck strength, such as cyclists in an aggressive aero position or swimmers with strong neck rotation, should have a frank discussion about timing. Plan botox injections during a lighter training block. Keep doses modest initially, and avoid very medial points that could risk temporary swallowing discomfort.

Patients with a history of dysphagia, previous neck surgery, or radiation require a conservative approach. Your injector may collaborate with your medical team or advise alternate strategies if risk outweighs benefit.

## **What first-timers should know before scheduling**

If this is your first time considering botox for the neck, a few practical notes help set you up for a smooth experience.

- Spend 30 seconds each day for a week observing your neck in action. Smile, read aloud, tilt your head, and note what triggers the bands or accentuates lines. Bring a short video to your botox consultation.
- Time your botox appointment at least two weeks before major events, photos, or travel. This allows for settling and a possible minor adjustment.
- Avoid blood thinners like fish oil or high-dose vitamin E for several days beforehand if your primary physician agrees, to reduce bruising. Skip strenuous workouts for the rest of the day after injections.
- Expect mild tenderness or tiny marks that fade within hours to a couple of days. Makeup can cover light bruises if they occur.
- Book a two-week follow up. Small tweaks matter in the neck, and your long-term plan will be better for it.

## **Where botox stops and surgery starts**

Botox is a non-surgical treatment. It excels at softening muscles and refining contour. It does not remove loose skin, nor does it correct substantial platysmal separation that creates a true turkey wattle. When skin laxity and fat distribution are the main issues, surgical options, such as a lower facelift with platysmaplasty or liposuction under the chin, may be more appropriate. I often tell patients in their late fifties or sixties who have significant laxity that we can still use botox to improve bands and necklace lines, but the ceiling is lower. Honest advice saves both frustration and money.

## **The role of preventative botox and habit changes**

Preventative botox is best known in the context of forehead and crow's feet, but there is a place for early intervention in the neck for those who habitually peer down at a phone or laptop. Light doses that reduce over-recruitment can slow the deepening of creases. That said, posture is the low-hanging fruit. If you spend hours a day on a screen, raise it to eye level. Break long sessions with brief stretches. Hydrate. Wear sunscreen on your neck daily. Skincare cannot substitute for good ergonomics, but it amplifies the benefits of botox anti-wrinkle injections and skin treatments.

## **A quick comparison: botox versus fillers in the neck**

When patients ask about botox vs fillers for the neck, I explain it this way: botox treats motion, fillers treat volume or discrete etching, and the best results come when we apply each to its strengths. Using filler to chase every ring can look

lumpy or unnatural if overdone. Using botox to chase static lines alone leaves you underwhelmed. A balanced plan, anchored by a clear diagnosis, avoids these pitfalls.

## Finding the right provider and clinic near you

If you are searching for a botox provider or a botox clinic and typing “botox near me,” refine your search with the words “neck,” “platysmal bands,” or “Nefertiti lift.” Review before and after photos that specifically show neck results. Ask how many neck treatments the botox specialist performs monthly and what their protocol is for follow up. Clarify botox pricing and whether the quote is by unit or by area. A provider who takes time to assess your neck in motion, explains risks and benefits plainly, and outlines a stepwise plan is worth traveling for if needed.

## Realistic before and after expectations

The best botox before and after photos for necks show less banding when speaking, a calmer look at rest, and sometimes a subtly cleaner jawline. Horizontal rings often look a bit softer, not vanished, unless combined with additional therapies. Recovery is straightforward. Most people return to normal life immediately, avoiding only heavy workouts and massages that day. Small bruises are possible. Side effects beyond mild tenderness are uncommon with careful technique.



Results feel most gratifying in video and real life. Patients often say that their neck no longer steals focus in FaceTime calls or that they do not see cords jumping when they laugh. The change can read as a general refresh rather than a single feature being “fixed,” which is the ideal with botox aesthetic treatment anywhere on the face or neck.

## Frequently asked questions I hear in clinic

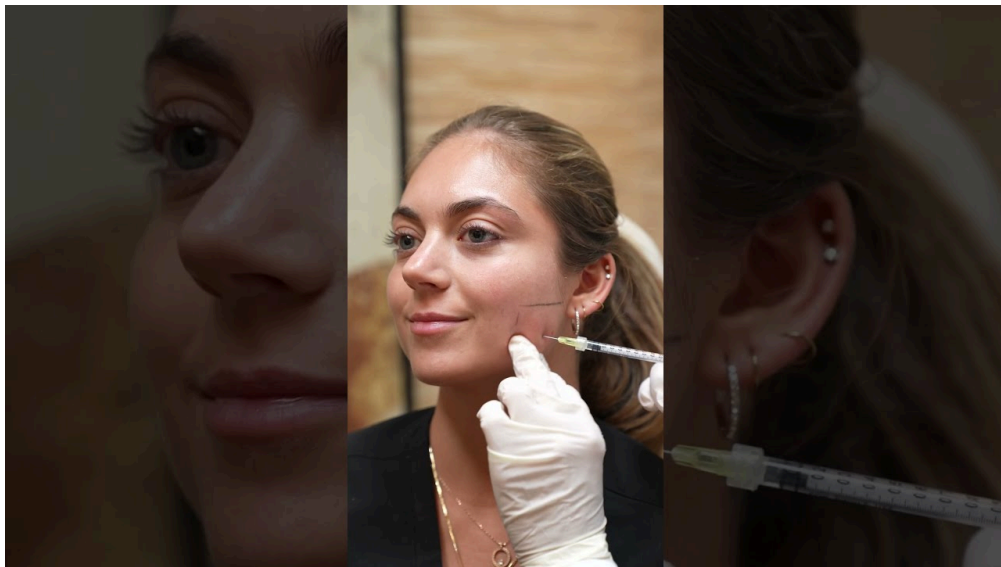
Is botox safe for the neck? In experienced hands, yes. The neck is unforgiving of sloppy technique, so training and caution are non-negotiable. Side effects are typically mild and temporary when the platysma is injected correctly.

Will I have trouble swallowing? This is rare with proper superficial injections along the platysma bands. If product is placed too deep or too medially, transient dysphagia can occur. Your injector should avoid those zones and use conservative dosing at first.

How soon will I see the results? Early changes appear as soon as day three, with full effect by two weeks.

How long does botox last in the neck? Most people enjoy 3 to 4 months of benefit. Maintenance every season is common.

Can I combine this with other treatments? Yes. Skin-directed treatments and carefully selected fillers often complement botox wrinkle injections for neck lines.



What if I do not like the result? Botox is temporary. Minor asymmetries can be adjusted at two weeks. If you feel too weak, time and careful planning of future doses solve the problem. There is no reversal agent for botox, unlike hyaluronic acid fillers, so prevention through precise dosing is key.

## **Closing thoughts from the treatment chair**

A smooth, elegant neck draws little attention, which is precisely the point. You do not want friends to ask what happened to your neck. You want them to say you look rested, or that your jawline looks good on camera. That outcome comes from matching the tool to the problem: botox for bands and dynamic pull, skin treatments and conservative filler for etched rings, posture and skincare as daily support. It also comes from working with a provider who respects the anatomy and values natural, durable results over a one-time wow.

If you are curious whether botox neck treatment is right for you, schedule a detailed botox consultation. Bring photos and a clear sense of what bothers you most, whether it is tech neck lines, prominent vertical bands, or a jawline that has lost its edge. With a thoughtful plan and realistic expectations, the neck responds well, and the face above it looks better for it.