

## Botulinum Toxin (Botox®) Injections into the bladder

### Botulinum Toxin Type A (Botox®) injections into the bladder

(Whenever botulinum toxin is mentioned, this refers to botulinum toxin type A)

This leaflet is to inform you about the treatment of bladder symptoms with botulinum toxin injections. This treatment is used for women with:

- Severe overactive bladder symptoms (increased frequency, urgency and not being able to hold urine, etc) that have not responded to other treatments such as medication and bladder re-training.
- Patients who have a proven overactive bladder (Detrusor over-activity) on Urodynamic investigation.

#### What is Botox®?

Botox® is a brand name of a toxin produced by the bacterium *Clostridium botulinum*. It has been used for several years for a variety of conditions which are caused by muscle over-activity (such as muscle spasms in patients with spinal injuries and cerebral palsy).

There are different brand names or types that are used in Medicine. Botulinum toxin Type A is used for bladder symptoms. An injection of botulinum toxin into the bladder muscle prevents the bladder muscle from contracting strongly.

#### What happens before the procedure?

You will be referred to a Continence Advisor (i.e. nurse) who will teach you how to pass a catheter (a tube) into your bladder to empty it — this is called “clean intermittent self-catheterisation” (CISC).

It is our practice to organise CISC as a safeguard in case you are one of the 20% of women who are unable to empty their bladder completely after the procedure.

- We will ask you to come to the Day Surgery Unit or to the Urodynamic suite (your letter will explain) at the hospital on the day you are having the procedure.
- You will be seen by your named nurse, your consultant and in some cases by an anaesthetist.
- You will be asked to sign a consent form to give permission for your operation to take place, to show that you understand what is to be done and make sure you want the operation to take place.

#### How is the botulinum toxin injected into my bladder muscle?

This is a day case procedure and is performed under local anaesthesia (rarely under general anaesthesia). The doctor carrying out the procedure will clean your genital area with a mild antiseptic solution. A local anaesthetic gel is used to numb and lubricate the urethra (natural passageway into bladder). The doctor will use a special flexible telescope to examine your bladder and urethra – this is called a flexible cystoscopy. Please see the link to the Cystoscopy leaflet:

<http://www.buckshealthcare.nhs.uk/For%20patients%20and%20visitors/patient-information-leaflets.htm#Obstetrics%20and%20gynaecology>

The telescope is passed through the urethra into the bladder, so no cuts need to be made. Sterile water is run into the bladder through the telescope to fill the bladder and to give a clearer picture. The doctor will examine the bladder carefully and then inject the botulinum toxin into the bladder wall through a special needle passed through the telescope.

The procedure usually takes 15-20 minutes and the doctor carrying out the procedure will explain it to you as it happens. A nurse will stay with you whilst the procedure is taking place to support you. This procedure is usually well tolerated with local anaesthetic gel, but can be done under sedation or general anaesthesia if you prefer. The Doctor will have previously discussed these options in the clinic. If you wish to change your decision about the type of anaesthesia, please contact the Urogynaecology secretary (01296 831552)

### **What are the benefits?**

Approximately 60-80% of women have less frequency, urgency and fewer episodes of incontinence following the procedure. Some patients do not experience any relief of their symptoms. Symptoms may become worse in extremely rare cases.

### **Are there any side-effects to Botox®?**

The use of botulinum toxin is safe and very well tolerated. Most procedures have a potential for side-effects but the majority of patients do not experience any problems.

After the procedure.:

You may have pinkish or blood-stained urine. If this happens, please drink 1.5—2 litres (2.5—3.5 pints) of water per day for 2-3 days

If you have any or a combination of following symptoms, you may have a urinary tract infection:

- Sensation of wanting to pass urine frequently
- Pain or burning sensation on passing urine
- Cloudy urine
- Loin pain
- Fever

If this happens, please have your urine tested at your GP surgery. If you have a urine infection you will need antibiotic treatment.

Botulinum toxin is sometimes so effective that 1 in 5 women may experience difficulty in emptying their bladders adequately. This may happen immediately after the procedure or 1—2 weeks after the procedure. If this happens you will need to practice “clean intermittent self-catheterisation” (CISC) as mentioned earlier.

You will need to self-catheterise until the effect of the botulinum toxin wears off and until you start emptying your bladder adequately. This could take 6—12 months.

Rarely patients experience generalised muscle weakness or flu like illness following the injections, lasting for a week or two. Some other rare symptoms are headache, light-headedness, fever, abdominal pain and diarrhoea. If you experience any of these symptoms please contact your GP or the Urogynae secretary on 01296 831552.

## How long will the benefits last?

Your symptoms may take 7-14 days to respond to the injections. Your symptoms may get worse before they improve. The effects of injections last for varying lengths of time for different patients (few months to a year or two). If you think the injections have been beneficial, you may require a repeat treatment in 6-9 months' time when the effect of botulinum toxin wears off.

## Follow up

There is no routine follow-up appointment after the treatment. However, please contact the Urogynae Secretary on 01296 831552 if you have any issues or require a further appointment for a repeat treatment.

## Further help and information

The Cystoscopy and Overactive Bladder Foundation,  
Tele: 0121 4761222 [www.cobfoundation.org](http://www.cobfoundation.org)

Bladder and Bowel Foundation,  
Tele: 01536 533255 [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

## Useful Contact Numbers

### Stoke Mandeville Hospital

Urogynae Secretary	01296 831552
Consultant Gynaecologists	01296 831479
Ward 16B	01296 318111/318110
Cystoscopy Suite	01296 315486

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

## How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

## Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email [bht.pals@nhs.net](mailto:bht.pals@nhs.net)

## Division of Women, Children & Sexual Health Services

### Approvals:

Gynae Guidelines Group: V1 Mar 2014 (Chair's action) V2 Sep 2017, V3 Nov 2022

SDU: V1 May 2014, V2 Sep 2017, V3 Dec 2022

Equality Impact Assessment: V1 28.7.14 V3 Sep 2022

Patient Experience Group: V1 Aug 2014 V2 Oct 2018

Clinical Guidelines Subgroup: V1 Apr 2014 V2 Oct 2017

Patient Reps/questionnaires: V2 Nov 2017