



Botox® injection into the bladder

Botulinum Toxin A (Botox®)

What is it?

Botox® is an injection of botulinum toxin, a substance obtained from bacteria (*clostridium botulinum*). This is laboratory produced to use in medical treatment. Small doses of Botox® injected where needed, are very good at temporarily relaxing muscles. Botox® injection has been used safely for over 20 years to treat a wide range of medical conditions.

Normal bladder function

Normal bladder activity involves the bladder filling and stretching to accommodate urine. A shut off valve (urethral sphincter) keeps the urine in the bladder until you are ready to go to the toilet. Pelvic floor muscles below the bladder help the valve to remain closed. You have awareness as your bladder fills but you are able to hold on to the urine until you decide to empty your bladder. When you are ready to pass your urine your brain signals the muscle of the bladder (detrusor) to squeeze and empty your bladder. The bladder valve and pelvic floor muscles relax at the same time to allow the urine to flow out.

What bladder conditions can be treated with Botox?

Overactive bladder (OAB)

OAB symptoms are caused by the bladder muscle squeezing to empty out urine at a time when you are not ready and when the bladder is not full. This can happen without much warning.

Neurogenic Detrusor Overactivity

When the spinal cord is damaged, signals between the brain and bladder no longer work as they should. This can happen as a result of spinal injury or with medical conditions such as multiple sclerosis.

How is it given and how does it work?

Botox® treatment is performed as a day procedure in the operating theatre. It can be given under local, general or spinal anaesthetic. A long thin instrument with a camera lens (cystoscope) is passed up through the water pipe (urethra) and into the bladder. A fine needle is passed through this scope. The doctor is able to view your bladder and inject small amounts of diluted Botox® into the bladder muscle. 10 to 30 injection sites are used.

The Botox® relaxes the muscle wall of the bladder reducing the symptoms of urinary frequency, urgency and leakage. This does not happen immediately but over several days to 2 weeks. After this time you should experience relief from your symptoms.

There is a 60-90% chance of a significant improvement in urinary urgency and associated leakage following Botox® as well as a reduction in passing urine frequently.

How long will the treatment last?

The treatment effects vary with each individual. It can last up to 9 months but for some people a gradual return of symptoms can occur earlier. The treatment may need to be repeated.

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If this is your first treatment:

We will see you back in clinic after a couple of months for a review of your symptoms. You will be notified by letter with an appointment time and date.

If you have had previous treatments:

We will make arrangements for further treatment or review after contact from you.

Any side effects?

- There is a **potential risk that you may not be able to empty your bladder completely**, as the Botox[®] reduces the ability of the bladder muscle to contract or squeeze effectively to assist you in emptying your bladder. If this happens you may be taught to self-catheterise. This involves you passing a fine tube up your water pipe (urethra) and into your bladder to allow the bladder to empty. This is a simple and safe procedure and will only be necessary for a short period until the Botox[®] starts to wear off.
- **Urinary tract infection.** See your GP if you are feeling unwell and have a fever along with increased symptoms of discomfort / pain when passing urine and going to the toilet more frequently.
- **Other very rare side effects include:**
Allergic reaction; severe skin rash; generalised weakness.

If you have any of the above reactions consult your doctor, or if an emergency, seek help at the nearest public hospital emergency department.

Instructions after the procedure

You may experience some discomfort, such as burning and a stinging sensation, when passing urine after your procedure. Your urine may also be blood stained. These symptoms should disappear after a couple of days.

You are encouraged to drink a little more fluid (2 litres a day) over this period.

If you were taking medication to assist you in managing your bladder symptoms, such as oxybutynin or solifenacin (Vesicare[®]), you may be able to reduce these and discontinue them over the next couple of weeks. Check with your doctor.

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