

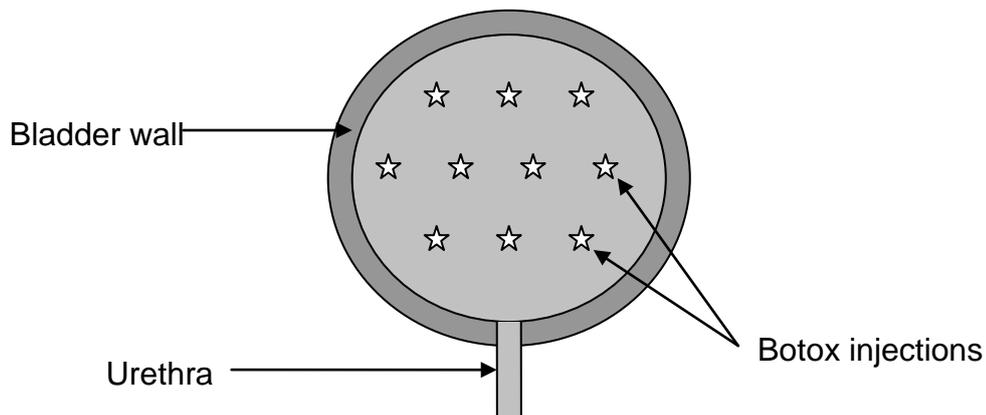
## Botox for bladder problems

### What is Botox?

Botox is the trade name for purified botulinum toxin which is produced by certain bacteria. Botox has been used for several years for the treatment of a variety of conditions which result in muscle spasms. It has been used for the past ten years to treat over-activity of the bladder wall muscle, which causes urinary frequency (having to pass urine often, during the day and/or at night) and an urgent desire to pass urine - sometimes associated with urinary leakage (incontinence). Botox is not as yet licensed for this purpose, but we are allowed to use it for patients who have tried, but have not responded to other treatments (tablets such as oxybutynin, tolterodine, solifenacin, fesoterodine).

### How is Botox given?

A small telescope is inserted into the bladder through the urethra (water pipe). Botox is then injected into the bladder wall with a fine needle.



### Will I have an anaesthetic?

Botox can be injected into the bladder wall using a small flexible telescope (called a cystoscope), after some local anaesthetic gel is put into the water pipe. Alternatively the procedure can be performed under general anaesthesia ("asleep").

### What are the alternatives?

- Sacral neuromodulation. This involves the permanent surgical implantation of a battery powered electrical stimulator connected to the bladder nerves in the lower part of the spinal cord.
- Clam procedure (cystoplasty). This is a major operation using a patch of bowel to enlarge the bladder.

### What are the potential risks and side effects?

- Urinary retention. 1 in 10 patients will have difficulty emptying their bladder fully after Botox treatment. This is usually a temporary problem. However we do insist that patients are trained in how to empty the bladder using a small disposable tube (self catheterisation). We will arrange this training for you prior to your treatment.
- Blood in the urine - this is usually minor and settles down without any treatment.

- Urinary tract infection - “cystitis”, treatable with antibiotics
- The occurrence of generalised muscular weakness after bladder wall botox injection is extremely rare

**Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.**

### **What are the expected benefits of treatment?**

Botox is highly effective in reducing the troublesome symptoms caused by an overactive bladder - reducing the number of visits to the toilet, reducing the urgent desire to pass urine and to reduce urinary incontinence. Symptoms improve quickly in the majority of patients. The effect of Botox does gradually wear off and most patients require further injections, usually once a year. Botox can be given repeatedly without adverse effects.

### **What should I do before I come into hospital?**

You will have been taught how to perform self catheterisation and be happy to do this if the bladder failed to empty properly after Botox treatment.

**Please bring a urine sample in a sterile container (available from UIS, your GP or a pharmacy) with you to the appointment.**

### **How will I feel afterwards?**

It is a minor procedure and most patients feel well. There can be mild discomfort passing urine for a few days. There may be a small amount of visible blood in the urine. If you have any difficulty passing urine you should begin to perform intermittent self catheterisation as instructed and contact the Urology Investigation Suite - Tel: 0300 131 4500 Ext: 770640 for further advice

### **How long will I be in hospital?**

The procedure is usually performed as an outpatient and you can go home 30 minutes after the procedure.

### **Will I have to come back to hospital?**

We will arrange a review appointment in outpatients after three months after a first injection.

### **When can I return to work?**

You can return to work the day after your bladder Botox injection.

### **Sources of Information**

**Eastbourne District General Hospital** - please contact Mr James Moore's secretary in the Department of Urology on - Tel: (01323) 438296

### **Important information**

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### **Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:

Mr James Moore, Consultant Urological Surgeon

Mr Steve Garnett , Consultant Urological Surgeon

The directorate group that have agreed this patient information leaflet: Department of Urology

Next review date                      September 2023

Responsible clinician:                Mr James Moore, Consultant Urological Surgeon

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