

# Intravesical Botox Injections

Department of Urology

## What is Botox?

Botox or Botulinum Type-A is toxin produced by bacteria called Clostridium Botulinum. It is given intravesically (into the bladder) for muscle over activity. Botox acts by binding to the nerve endings of muscles, blocking the release of chemicals that cause the muscle to contract.

## Why am I having Botox?

You have been diagnosed with 'over active bladder syndrome'. This is a disorder of the storage of urine in the bladder. This is a common condition that affects quality of life and participation in social activities. The cause of over active bladder is often not known.

### The common symptoms caused by an over active bladder;

- A sudden urge to pass urine (urgency)
- Unable to get to toilet in time (urge incontinence)
- Frequency of micturition (needing to pass urine often).

## How does a normal bladder work?

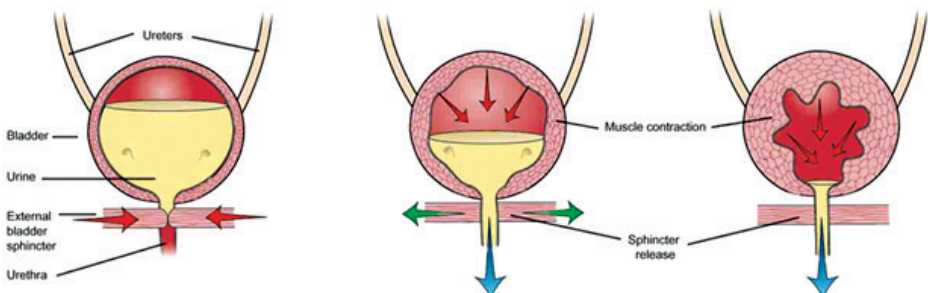


Figure.1

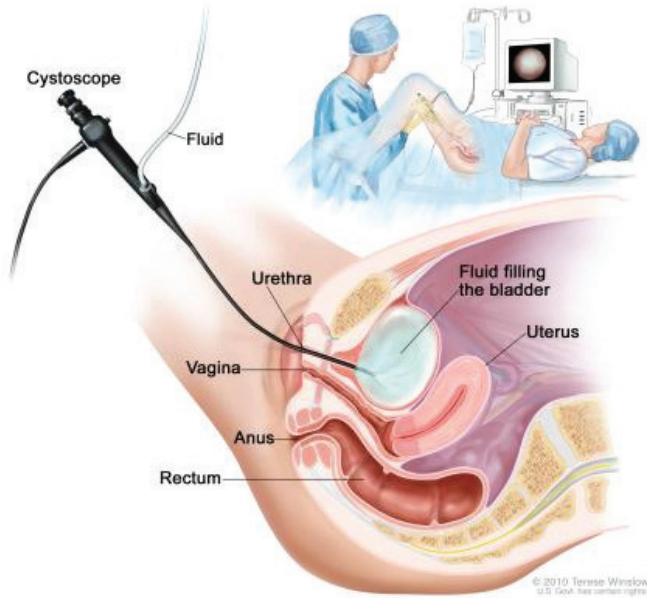
The bladder is a muscle shaped like a balloon that is used for the storage of urine. In between visits to the toilet the bladder relaxes and fills up with urine. When you go to the toilet the bladder squeezes and the pelvic floor muscles relax to enable urine to pass through a tube called the urethra. There are two other muscles used to help keep the bladder healthy and prevent unwanted leakage. These are called the pelvic floor, which is made up of layers of muscles which provide support and hold the bladder in place and is found in both men and women. The second muscle is called a sphincter that is a circular muscle that goes round the urethra and forms a tight seal to prevent leakage.

When you go to the toilet the sphincter muscle relaxes so you can pass urine. With overactive bladder syndrome the bladder contracts, without your control, during storage. This causes an increase in the pressure within the bladder, causing the sphincter to relax and the bladder to empty.

## What are other treatment options?

Some general lifestyle measures may help, such as reducing your intake of caffeine or fizzy drinks. You may also have been recommended bladder training and regular pelvic floor exercises. Medication such as antimuscarinics/anticholinergics may relieve symptoms, usually in addition to bladder training. It is important to drink 1.5 to 2 litres of fluid each day. If you drink less than this, then increase the amount you drink gradually. The acids in fruit juices can make symptoms worse for some people so it is about finding what helps you. You should have tried all of these alternatives prior to having Botox injected into your bladder. Urodynamic studies will most probably have been undertaken to establish this diagnosis.

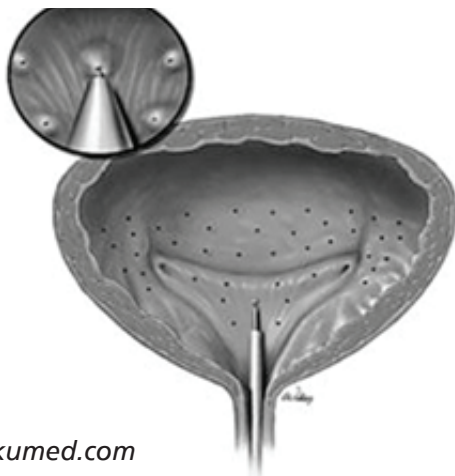
Figure 2. Examination of the bladder



[www.uchospitals.edu/online-library](http://www.uchospitals.edu/online-library)

This is a day case procedure. You will be asked to come to hospital on the day you are to have the Botox injections.

You will either have a general or local anaesthetic (you may or may not be awake). The procedure takes approximately 20-30 minutes. We will use a special telescope to examine your bladder- this is called a cystoscope. The telescope is passed through the urethra in to the bladder. The bladder will be examined carefully and then inject the Botox into the bladder wall through a special needle passed through the telescope.



[www.urologyatkumed.com](http://www.urologyatkumed.com)

## What are the benefits, side effects and risks?

Whilst Botox injections reduce the frequency, urgency and severity of urge incontinence in many patients, some patients do not experience any relief of their symptoms. Some patients, although very rarely, report their symptoms are worse after the injections.

Botox is sometimes so effective that it can become difficult to pass urine after having the injections. Some patients (10-15 out of 100) will not be able to pass urine at all (retention of urine). This does not happen immediately after the procedure, it could take up to a week. If this happens you will need to pass a hollow tube (catheter) into your bladder to empty it – this is called clean intermittent self catheterisation. You will be taught this technique prior to having Botox injected. You will be advised as to how many times you will need to pass the tube.

You will need to self catheterise until the Botox wears off and you start to pass urine normally again, fully emptying your bladder. This may take 6-12 months.

On very rare occasions patients experience generalised muscle weakness or a flu-like illness following the injections. This may last for 1-2 weeks.

You may see blood in your urine. If this happens, please try to drink 1.5 – 2 litres of fluid per day.

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

- A sensation that you need to pass urine frequently
- Pain or discomfort on passing urine
- Cloudy urine
- Loin pain
- Temperature

If you develop these symptoms please make an appointment with your practice nurse/GP to have your urine tested. If you have urinary tract infection you may need some antibiotics.

Your urinary symptoms may take 7-14 days to respond to the injections. Your symptoms may get worse before they get better. The effects of the injections generally last between 9-12 months. You may need to have repeat injections when the effects of the Botox have worn off, if you feel that it has been beneficial.

## Useful Telephone Numbers

### The Princess Royal Hospital

Ansty ward

01444 441881 Ext. 8240/8241

The Urology Nursing Team

01444 441881 Ext. 5457

### Urology Consultants:

Mr Nawrocki's secretary

01444 441881 Ext. 5962

Mr Coker's secretary

01444 441881 Ext. 8043

01273 696955 Ext. 7808

Mr Symes' secretary

01273 696955 Ext. 7809

Mr Alanbuki's secretary

01273 696955 Ext. 7810

Mr Larner's secretary

01273 696955 Ext. 7808

### Useful websites:

[www.overactivebladdersyndrome.org](http://www.overactivebladdersyndrome.org)

[www.patient.co.uk/health/over-active-bladder-syndrome](http://www.patient.co.uk/health/over-active-bladder-syndrome)

© Brighton and Sussex University Hospitals NHS Trust

**Disclaimer**

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 591.2

Publication Date: May 2018

Review Date: May 2020

