

Intravesical Botox Therapy for Bladder Symptoms

Families Unit Directorate



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01253 955588

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What is Botox?

Botox is the trade name for purified Botulinum Toxin A which is produced by a bacteria. It has been used for several years for the treatment of a variety of conditions which result in muscle spasms. Botox is now licensed for the use in overactive bladder (OAB), and is advocated by NICE (National Institute for Health and Clinic Excellence).

Why have I been listed for Intravesical Botox Therapy?

Overactivity of the bladder results in you experiencing urgency and frequency of passing urine and possibly urinary leakage. This can be the result of bladder spasms. Your symptoms may have been treated with bladder training, omitting bladder stimulants from your diet and the use of medication (anticholinergics/antimuscarinics). Botox therapy is used in patients who have had these treatments but have not benefitted from them. Botox is used to reduce the bladder spasms and thus reduce your bladder symptoms. As the Botox can be very effective, in some cases the bladder may not be able to empty itself for a period of time following procedure. Prior to the Botox therapy a Nurse Practitioner teaches you intermittent self catheterisation, that is to put a small tube (catheter) into your water pipe (urethra) to empty your bladder when needed.

How is the Botox given?

The Doctor inserts a small telescope into the bladder through the urethra (water pipe). Botox is then injected into the bladder wall with a fine needle. The procedure usually takes 20-30 minutes.

Will I have an anaesthetic?

No, you do not need a general anaesthetic. The 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.

This procedure is usually performed in an Out-Patient setting.

After the procedure

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 blood in the urine. If you have any difficulty passing urine you should begin to perform intermittent catheterisation as instructed. Some patients may be advised to use antibiotics after the procedure.

What are the expected benefits of the intravesical Botox therapy?

Botox is highly effective in reducing the troublesome symptoms caused by an overactive bladder. Thus reducing the number of visits to the toilet, reducing the urgent desire to pass urine and decreasing urinary incontinence. Success rates are currently 60%. The effect of Botox does gradually wear off and most patients require further injections; the benefit typically lasts 6-9 months. The injections can be repeated as much as is needed, however

usage of bladder medications (anticholinergics/antimuscarinics) may prolong the benefit of the Botox once you feel the improvement 'wearing off'. Seeking help from your GP soon following the 'wearing off' would be suggested.

Returning to normal activities?

This can take place immediately after the procedure.

What are the potential risks and side effects?

- Urinary retention - 1 in 10 patients will have difficulty emptying their bladder fully after Botox. This is helped by beginning intermittent self catheterisation taught prior to the procedure, for as long as is needed.
- Blood in the urine - this is usually minor and settles down without any treatment.
- Urinary tract infection - see your GP if you have symptoms as you may require a course of antibiotics.
- Temporary 'flu-like' symptoms are experienced rarely.



Useful contact details

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BVH
01253 955517

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

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