Botulinum toxin for bladder problems

Information for patients
Spinal Injuries - Urology
What is botulinum toxin?

Botulinum toxin is also known as Botox (its trade name). It is used to treat over-activity of the bladder wall muscle which causes urine frequency (having to pass urine more often) and an urgent desire to pass urine.

The urologist or nurse specialist will discuss with you the reasons why botulinum toxin is an appropriate treatment for you.

How is botulinum toxin given?

A small flexible telescope called a cystoscope is inserted into the bladder through the urethra (water pipe). Sometimes it is not possible to access the urethra and so the cystoscope is passed through a suprapubic catheter site. Botulinum toxin is then injected into the bladder with a fine needle. Typically about 20 - 30 small injections are made all around the bladder.

Will I need an anaesthetic?

Botulinum toxin can be injected into the bladder wall using a cystoscope after some local anaesthetic gel is put into the water pipe.

There are occasions where it performed under a spinal or general anaesthetic (asleep). For procedures under local anaesthetic you may eat and drink normally. It is important that you take your morning medication. If you are having a general or spinal anaesthetic this may not be the case. The urologist or nurse specialist will discuss with you what will suit you best.
How will I empty my bladder following botulinum toxin?

If you are not currently managing your bladder with intermittent self catheterisation, you will be taught to do so prior to the procedure, unless you have a suprapubic catheter in situ.

How effective is botulinum toxin?

Botulinum toxin is effective in reducing the symptoms of an overactive bladder and reducing urinary incontinence. Symptoms improve quickly in most cases, normally within the first few days. You should inform the nurse specialists if you do not notice significant improvement within a month. The effect of botulinum toxin does gradually wear off and most patients require further injections from between 6 and 9 months.

What are the alternatives to this procedure?

Alternatives to this procedure include drug treatment, bladder training, physiotherapy, sacral nerve stimulation, bladder enlargement using a segment of bowel and urinary diversion into a stoma.

Are there any risks?

The use of botulinum toxin is safe but occasionally there can be unwanted effects:

- Urine infection, which may be treated with or without antibiotics
- Possible failure to improve symptoms
- Allergic reactions
- Generalised weakness
- Temporary paralysis has been reported
- Failure to empty the bladder
It is important to let us know if any of the following apply to you as it is not safe to have botulinum toxin if:

- you are allergic to albumin (egg allergy)
- you suffer from Myaesthenia Gravis
- you may be pregnant
- you are on any anticoagulant medication,

If any of these apply to you then we may not be able to proceed with the botulinum toxin injections.

**About your consent**

As with any procedure, we must seek your consent beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure proposed, please do not hesitate to ask for more information.

**Will I be given antibiotics prior to the procedure?**

Our standard procedure is to give ciprofloxacin before the procedure. Please inform us if there are any reasons why you are unable to take this medication.

**Who will perform my botulinum toxin injections?**

The urology consultant, urology registrar or clinical urology nurse specialist.
Can I have this treatment if I've already received botulinum toxin for something else?

There is a limit to how much botulinum toxin you can have in your body at one time. You should let us know straightaway if you have had any other botulinum toxin (for spasm or contracture, for example), along with where you had it, what the dose was, and the date.

How long will I be in hospital?

The procedure is normally performed as a day case, or an overnight stay can be arranged. If you have an anaesthetic then you will need to make arrangements to be collected. You should be able to eat and drink as soon as you feel up to it.

When can I return to work?

You can return to work the day after your botulinum toxin injections if you feel up to it.

What happens when the toxin begins to wear off?

Some patients may be automatically re-listed for repeat injections of botulinum toxin. Alternatively you can telephone the urology nurse specialists when your botox starts to wear off so that you can be re-listed. If you used to take anticholinergic medicines (Oxybutynin, Detrusitol, Solifenacin, etc) or Mirabegron to help keep you dry, you may need to start taking these again until the injections can be repeated. You can arrange this with your GP.
Who should I speak to if I have any questions?

Do contact the centre for advice if you have any concerns or questions about this procedure. You can speak to:

Urology Nurse Specialists - Paula Muter / Marie Watson / Carol Eggington:

- 0114 243 4343 (ask for bleep 2494 or 2882)
- 0114 271 5624
- 0114 226 6823

Outpatient Department:

- 0114 271 5677