

Botulinum toxin for bladder problems

i Information for patients
Spinal Injuries - Urology



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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 your bladder through the urethra (water pipe).

Sometimes it is not possible to access the urethra, 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 to 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 your water pipe.

There are occasions where it is performed under a spinal or general anaesthetic (you will be 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?

You will empty your bladder by intermittent self-catheterisation.

An intermittent catheter (flexible tube) is temporarily inserted into the bladder and then removed once the bladder is empty.

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 place).

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 in 6 to 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
- 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 Myaesthesia Gravis
- you may be pregnant
- you are on any anticoagulant medication.

If any of these apply to you, 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.

Botox whilst on anticoagulant therapy

New evidence suggests that stopping anticoagulation is not necessary for intravesical botulinum toxin injection, however, it is likely that there will be a small increased risk of blood in your urine.

Patients on warfarin must ensure a recent INR is less than 2.9.

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 injections will be given by a 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, you will need to arrange 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 (such as Oxybutynin, Detrusitol, Solifenacin) 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 us for advice if you have any concerns or questions about this procedure.

Urology Nurse Specialists

- **0114 226 6823**
- **0114 271 5944**
- **0114 271 5624**

Outpatient Department

- **0114 271 5677**



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