

**Royal Victoria Infirmary
Urogynaecology Unit
Department of Gynaecology**

Botulinum toxin injections for treatment of the overactive bladder - Information for patients

Introduction

This leaflet explains treatment with Botulinum toxin (Botox) for symptoms caused by an overactive bladder and what to expect when you come to the RVI for this treatment.

The overactive bladder - Detrusor Overactivity

Bladder filling and emptying is controlled by signals from the brain passing down the spinal cord and along the nerves.

As the bladder fills with urine, messages travel along the nerves from the bladder up the spinal cord to the brain. The brain then sends messages back to the bladder, which stop the emptying reflex. The bladder wall is made of muscle (called the detrusor muscle). When the bladder reaches its capacity the bladder muscle contracts and the urethra (outlet pipe) relaxes and urine is forced out.

When an overactive bladder is diagnosed following bladder function tests, then spontaneous contractions of the detrusor muscle occur during filling. The bladder is on 'automatic pilot', emptying whenever it feels full without control from the brain.

Most often treatment includes dietary and fluid changes, bladder retraining, medication and TENs as the first form of treatment. You may already have tried this. If the leakage continues and remains a problem despite this management, then injections of Botulinum toxin, most commonly known as Botox may be considered.

Botulinum toxin

This is a naturally occurring poison extracted from a type of bacterium. It has been used for many years in several branches of medicine and is currently popular with cosmetic surgeons. This is still a fairly new treatment for urinary symptoms.

How will it help my bladder symptoms?

The treatment stops messages transmitted along nerves from your brain to your bladder. These messages will normally signal your bladder to contract. It may take several days for the full effect of the treatment to take place. It is hoped the effects of the treatment will last for several months until new nerve endings grow back. Current information suggests the effects of Botulinum toxin in the bladder last between 3 and 12 months, although this may vary from patient to patient.

How will the treatment be given?

Botulinum toxin is injected into the bladder wall at multiple sites (usually 10-30), by passing a cystoscope into the bladder through the urethra (bladder outlet pipe). This is a specially adapted catheter and camera. The treatment is carried out under general anaesthetic by your consultant.

Hospital Stay

When the date for your admission has been arranged you will receive a letter explaining where to come, what time to arrive on the ward and what time you should last have any food or drink. You will be able to go home after the injections, when you have passed urine without any difficulty and after checking that you are emptying your bladder efficiently. The nursing staff will usually check this at first with a bladder scanner.

Side effects.

- Treatment and research into Botulinum toxin is in its early days and the long- term effects on the bladder are not known.
- The injections may need to be repeated. It is not possible to comment on the effects on bladder function and effectiveness following repeat injections.
- The most likely side effect is difficulty emptying the bladder after treatment. It is sometimes difficult to empty your bladder completely following Botulinum toxin injections. The amount of urine left in the bladder after trying to pass urine yourself is known as the **residual** volume. The residual urine decreases quite quickly after the bladder has had a chance to settle down after the operation.
- If you are unable to pass urine about 4 hours after the operation, nursing staff on the ward will pass a catheter into your bladder to drain the urine. The catheter will be removed immediately, (often called “in out” catheterisation). If you are unable to pass urine after a further 4-6 hours the “in out” catheterisation will be repeated. This procedure can be repeated until you are able to pass urine normally.
- Very occasionally, patients are unable to pass urine, or are unable to empty the bladder completely. These patients can therefore be taught to perform the catheterisation themselves. This is a simple, safe procedure to carry out and is known as clean intermittent self- catheterisation or C.I.S.C.
- Some women may have problems passing urine straight after the procedure. Some may not experience problems until two weeks later when the injections are effective
- Allergy to Botulinum toxin may also occur, and this can be discussed with your consultant.

Further information

These injections contain a very small amount of human albumin. Botox may not be suitable if you have objections to receiving human blood products.

Full effects from the injections may not be noticed for 1-2 weeks after treatment.

Research trials have indicated that the injections can be repeated if urinary symptoms return. This can be discussed in more detail with your consultant.

- A follow up appointment will be arranged to discuss your progress.
- If you have any problems when you get home, either contact your G.P. Or you can contact the ward for advice.

Ward 40
Ward 40 direct line

Tel: 0191 2336161 extension 25640
Direct line: 0191 2825640
Available 24 hours/day - 7days /week

Liz Dixon Nurse Consultant

Direct line: 0191 2825670
Monday to Friday 08.30 – 4.30pm
Voice mail facility available

Useful contacts/websites

- The Bladder and Bowel Foundation
- Incontact: Tel 0207 77007035. Email: edu@incontact.org

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This information can be made available in larger print, other formats and languages on request. Please contact 0191 233 6161 extension 27740.

Arabic:

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French:

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Na życzenie niniejsze informacje mogą być udostępnione w wersji z dużym drukiem oraz w innych formatach i językach. Prosimy o kontakt pod numerem 0191 233 6161 wew. 27740.

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