

Botox therapy for the bladder



Patient Information

Obstetrics and
Gynaecology



Botox therapy for the bladder

Contents

- About this booklet
- What is an over active bladder?
- Treatments you should have tried before being offered Botox
- What is Botox and when is it used for bladder problems?
- Benefits of Botox therapy for the bladder
- How is Botox administered?
- The risks of Botox therapy
- After the procedure
- More about intermittent self-catheterisation (ISC)
- Alternatives
- Any questions – write them here ‘Things I need to know before I have my operation’.
- Describe your expectations from surgery.
- Useful contact details
- References

About this booklet

We advise you to take your time to read this booklet, any questions you have please write them down on the sheet provided (towards the back) and we can discuss them with you at our next meeting. It is your right to know about the operations being proposed, why they are being proposed, what alternatives there are and what the risks are. These should be covered in this leaflet.

This booklet firstly describes what over active bladder symptoms are and what Botox therapy is. It then goes on to describe the benefits, side effects and the alternatives to Botox.

What is an over active bladder?

An overactive bladder is when people have symptoms of urinary urgency (having to rush to the toilet to pass urine), with or without frequency (going to the toilet frequently), nocturia (waking up at night to go to the toilet) and incontinence (accidentally leaking urine).

Treatments you should have tried before being offered Botox

There is no cure for overactive bladder. All treatments whether they are lifestyle changes, medication or operations are aimed to help reduce the symptoms of overactive bladder. Before you have Botox you should have tried the simple techniques that can help.

These are called conservative therapies and include cutting out caffeine, changes to your fluid intake, changes to your diet, pelvic floor exercises and bladder retraining. If you have not tried these things please see leaflet number 50 and speak to your health professional who can refer you to the appropriate service to arrange support with these techniques. It is important to continue to use these techniques along with any further treatments you are offered to get the best results for reduction of your overactive bladder symptoms.

What is Botox and when is it used?

Most of us have heard of Botox. This is usually related to its use in treatment for wrinkles around the face.

Botox is a neurotoxin (Botulinum A toxin). This means it is an agent that acts on the nerves. The way it works on the face is to temporarily deaden the nerves so that the muscles supplied by the nerves relax. This has the effect of flattening out the facial skin. In the bladder, Botox can have the effect of preventing the bladder from contracting strongly or frequently.

We can use it when you have overactive bladder symptoms and the urodynamics test proves that these symptoms are caused by over-activity of the muscle in the bladder wall (detrusor muscle). This treatment is used for patients when traditional medication has not helped control these symptoms. We can also use it in certain circumstances where the bladder is painful.

Benefits of Botox therapy for the bladder

The success rate, in terms of reducing the symptoms of urinary urgency (having to rush to the toilet to pass urine) and frequency (going to the toilet frequently) is approximately 80%, and to some extent depends on the dose of Botox used. The benefits usually last nine to twelve months and then the therapy needs repeating.

How is Botox administered?

Botox is administered as a day case procedure and can be done under local anaesthetic (whilst you are awake) or with a general anaesthetic or with sedation (you will be asleep).

The Botox is injected into the muscle of the roof of the bladder by using a cystoscope, a narrow fibre optic telescope, which is passed through the urethra (wee pipe) into the bladder.

The risks of Botox therapy

One of the risks of Botox injections is inadequate bladder emptying which may require you to catheterise yourself on a regular basis. With the smaller dose of 100 international units (iu), the risk of this is seven per cent, with the 200iu dose, the risk is 15%. The smaller dose however may not last as long.

If we think you will be at a high risk of inadequate bladder emptying, our nurse will teach you intermittent self-catheterisation (ISC) before the treatment.

However, all patients who have had Botox injections will be reviewed approximately 10-14 days after the injections to test whether their bladder emptying is satisfactory. Those who are not emptying satisfactorily will then be taught ISC.

Additional risks include a little bleeding after the procedure and urinary tract infections.

As mentioned earlier, repeated doses of botox will be necessary, however the effects of repeated doses of botox over the years is uncertain.

After the procedure

You will be encouraged to drink water and attempt to pass urine. If you are passing urine easily you will be allowed to go home, this is usually the same day. However on rare occasions you may have to stay overnight, so it may be useful to bring an overnight bag just in case. If you have difficulty passing urine, you will be shown how to perform intermittent self-catheterisation (ISC) then allowed to go home. The Botox takes effect gradually over the next two weeks. You will be reviewed in approximately two weeks time to check you are emptying your bladder properly and that the effect of the Botox is working for you.

Until you are reviewed, it is useful to keep a note of how often you are passing urine and the approximate amounts. Please bring this chart to your review appointment.

If you have difficulty in emptying your bladder after the procedure and can not learn to self catheterise, you will have to wear a catheter attached to a leg bag until either you learn

how to catheterise yourself or the effect of Botox wears off (up to nine months).

If you experience a cystitis-like sensation at any time (burning sensation when passing urine) then you will need to have your urine tested to decide if treatment is required.

More about intermittent self-catheterisation (ISC)

ISC is straight forward and most patients have no problems with it. The urogynaecology specialist nurse has provided a patient information leaflet about this. It is available on the South Tees Hospitals' internet site, leaflet number 44, please see the website details on page 10.

Alternatives

If you have not responded to medications for overactive bladder symptoms, the treatment options other than Botox are:

- **Sacral Nerve stimulation:** (please see leaflet number 47 on website) this involves two surgical procedures: the first, temporary test procedure, places an external battery attached to a temporary test electrode which is placed under the skin of the back and stimulates the nerve that supplies the bladder (sacral nerve root 3).

This is left in place for two weeks. If the test is successful, then the second procedure is carried out. During the second procedure the whole device, including the leads, is implanted in the back, under the skin.

Sacral nerve stimulation is successful in 70% of the cases and the battery lasts approximately five years when you will need another operation to replace the battery. There is also up to a 40% chance of needing additional operations due to problems with the electrodes. This treatment has been studied extensively and is recommended for resistant cases of overactive bladder.

- **Tibial Nerve stimulation:** This technique uses the same principle of stimulating the nerves that supply the bladder, but through a nerve in the leg which shares the same origin with the nerves that supply the bladder. The device is not implanted, here but the electrical current is delivered through an acupuncture needle inserted just above the ankle for 30 minutes at a time. 12 sessions are required over 12 weeks to complete the course and top-up sessions are needed approximately once a month to keep the symptoms controlled. The evidence for this technique is not as strong as the evidence for Botox or sacral nerve stimulation, so this treatment is only offered if you cannot have Botox or sacral nerve stimulation.
- **Cystoplasty (Clam):** This is a last resort major operation which involves using a loop of bowel to patch up the bladder and increase its capacity. It is usually successful in relieving symptoms of overactive bladder, but it is associated with significant complications such as: difficulty in emptying the bladder requiring catheterisation, bladder infections and, rarely, cancer in the bowel loop attached to the bladder.

Things I need to know before I have my operation

Please list below any questions you may have, having read this leaflet.

1.
2.
3.
4.
5.
6.

Please describe what your expectations are from surgery.

1.
2.
3.
4.
5.
6.

Useful references

South Tees Website:

<http://southtees.nhs.uk/services/gynaecology-services/leaflets>

You may find the following address and websites useful to obtain more information. We can however bear no responsibility for the information they provide:

- Bladder & Bowel Foundation SATRA Innovation Park
Rockingham Road Kettering, Northants, NN16 9JH
- Bladder & Bowel Foundation Nurse Helpline for medical advice: 0845 345 0165
- Bladder & Bowel Foundation Counsellor Helpline:
0870 770 3246
- Bladder & Bowel Foundation General enquiries:
01536 533255
- Bladder & Bowel Foundation Fax: 01536 533240
- <mailto:info@bladderandbowelfoundation.org>
- <http://www.bladderandbowelfoundation.org>

References used when compiling this information

Kuo-Hann-Chorng: Urodynamic evidence of effectiveness of Botulinum A toxin injection in treatment of detrusor overactivity refractory to anticholinergics agents: Urology {Urology} 2004 may, VOL:63 (5), P: 868-72

Reitz-André et al: European experience of 200 cases treated with Botulinum-A toxin injections into the detrusor muscle for urinary incontinence due to neurogenic detrusor overactivity: European urology {Eur-Urol} 2004 Apr, VOL: 45 (4), P: 510-5

Smith-Christopher-P, Radziszewski-Piotr, Borkowski-Andrzej, Somogyi-George-T, Boone-Timothy-B, Chancellor-Michael-B: Botulinum toxin a has antinociceptive effects in treating interstitial cystitis: Urology {Urology} 2004 Nov, VOL: 64 (5), P: 871-5

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

Author: The Urogynaecology team

The James Cook University Hospital

Marton Road, Middlesbrough, TS4 3BW. Switchboard: 01642 850850

Version 1, Issue Date: December 2018, Revision Date: December 2020