

Bladder botulinum toxin (Botox) injections for overactive bladder

Department of Urogynaecology

Information for Patients

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What is an overactive bladder?

Overactive bladder is caused by the bladder muscle trying to push pee out even when it is not full. OAB symptoms are common and affect about 2 in 10 women. In most cases, no cause is found. Women with an overactive bladder (OAB) have:

- **Urgency:** this is a very sudden and strong feeling of needing to pee which is difficult to control.
- **Frequency:** feeling the need to pee often during the day and / or night
- **Urge leakage of pee:** leakage of pee as you are trying to get to the toilet.

Treatments for OAB

Bladder retraining. Our specialist nurses can help you to retrain your bladder so that it works more normally. Part of bladder retraining involves drinking the correct amounts and the right types of fluid.

Medication to relax the bladder muscle and stop unwanted contractions. They may cause side effects such as a dry mouth, constipation and indigestion.

Botulinum toxin bladder injections, often called Botox.

- They work by temporarily paralysing the muscle of the bladder.
- They are used for women where bladder retraining and medications have not helped.
- They are effective at reducing OAB symptoms in about 7 in 10 cases.
- The injections wear off with time and repeat injections are needed every 6 to 12 months.

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- Sometimes, the injections relax the bladder muscle too much and you are not able to empty your bladder. This may occur in 1 in 15 cases. If this happens, you will need to insert a catheter (bladder tube) a few times a day to empty the bladder (self-catheterisation).

How are Botox bladder injections given?

- The procedure is carried out using local anaesthetic (numbing gel is squirted into the pee pipe) with you awake.
- A tiny flexible telescope is inserted through the pee pipe and into the bladder. No cuts are made.
- Botulinum toxin is injected into the lining of the bladder through the telescope.
- The procedure takes about 15 minutes.
- You will have mild discomfort during the procedure. You will also feel your bladder filling up.
- You are allowed home after the procedure and you should not need any time off work afterwards.
- The injections do not work straight away. It may take a few weeks to have an effect.
- The effect of the injections wear off with time. You will usually need repeat injections every 6 months.

What are the risks of Botox bladder injections?

1 in 15 women may have difficulty passing pee after the procedure:

- Symptoms include passing small amounts of pee often, dribbling, poor flow, a feeling of incomplete emptying, discomfort and frequent pee infections. This may not happen straight away. It may develop over a few weeks.
- You may need a catheter if the problem occurs. Catheters can either
 - be left in until the problem settles or
 - you can learn how to insert a catheter a few times a day to drain off pee until the problem settles.

You may start to get a pee infection after the procedure. This can be treated with antibiotics.

You should drink about 2 litres of water a day over the next few days to reduce this risk of infections.

You may notice some blood in the pee after the procedure. This is usually light and settles quickly. If it does not settle in 2 weeks, you should contact your consultant's secretary

Some women may have flu-like symptoms or muscle weakness after the procedure. This is rare. If it does not settle in 2 weeks, you should contact your consultant's secretary

Very rarely, the injections can cause severe muscle weakness. This can lead to problems swallowing or an allergic reaction. If either of these happens you must contact the Gynaecology assessment unit urgently - see contact numbers



What options are there if Botox injections do not work?

Sacral nerve neuromodulation (SNM). This treatment is only used for women when bladder retraining and medications have not helped. SNM changes how the nerves to the bladder work using electrical stimulation. These nerves are in your lower back near the tailbone. SNM improves overactive bladder symptoms in about 7 in 10 cases.

British Society of Urogynaecology (BSUG) database

We will ask for your consent to collect information about your surgery and recovery. The information is stored in a secure online database. The information collected helps us assess and monitor our practice.

Multidisciplinary team meeting

Before your surgery, we may talk about your urinary problem, tests and operation at a meeting to confirm that your planned treatment is best for you. Sometimes, the original plan may need to be changed. We will contact you if this happens.

Follow up

If your overactive bladder symptoms are returning, please contact us to arrange another injection. In case of any problems, please contact us or your GP.

Contact information

Mr Roderick Teo	0116 2586426
Miss Aneta Obloza	0116 2583891

For emergencies

Contact the Gynaecology assessment unit at Leicester Royal Infirmary on 0116 258 6259

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