

Botulinum Toxin (BOTOX A) in the Treatment of Refractory Detrus or Overactivity

Botulinum toxin relaxes muscle and has been used medically for over 20 years. However it has only recently been used to relax bladder (detrusor) muscle.

It may be used in people who have a condition called detrusor over activity, in whom other treatments, such as tablets and patches, have failed to work. The condition must first be confirmed by specialist studies called urodynamics.

The use of Botox can result in a reduction in urinary frequency (of 25%), urgency (by 50%) and incontinence (in 33%).

Before receiving Botox injections

You will be taught how to perform intermittent self-catheterisation before the procedure in case you are unable to pass urine afterwards – see “urinary retention” on page 2.

Botox should not be given to people with Myaesthesia Gravis, motor neurone disease and to women who are pregnant or breast feeding. Alternative treatments will need to be considered.

You should not have Botox if you have a urinary tract infection. It may make the infection worse. If you have any concerns in the week before your procedure you must take a urine sample to your GP practice to be tested. A sample will be tested on the day of the procedure.

The procedure

This is usually performed as a day case procedure under local anaesthetic, although it can also be performed under a general anaesthetic. If it is performed under general anaesthetic you will not be able to eat and drink for 6 hours before the operation.

After inserting some local anaesthetic gel, a flexible telescope is inserted into the bladder via the water pipe (urethra). The bladder is then inspected before the Botox is injected into multiple sites (usually 20 or 30) in the bladder wall via a special needle passed through the telescope. It is a relatively painless procedure. If you are at risk of infections you may be given an injection of antibiotic at the time or a course of antibiotics to take home with you.

After the operation

You will be able to eat and drink shortly after the treatment, and should be able to go home once you have passed urine, or self-catheterised if you are unable to void. It is important that you drink slightly more than you would usually in the first few days after the operation to reduce the risk of an infection. If pain killers are required, paracetamol should suffice.

Improvement in your symptoms should be seen within seven days of the injections and should continue for between 6 and 12 months at which point your original symptoms will start to come back. This is because the effect of Botox wears off with time.

Complications

- It is usual to notice blood in the urine for a day or so.

You may have slight burning or stinging on passing urine and if this does not settle or gets worse, you need to take a urine sample to your GP to make sure you do not have a urinary tract infection.

Urinary retention

If this occurs it can often be 24-36hrs after the procedure. Studies suggest 1 in 8 patients may need to perform self-catheterisation. You may find that you are unable to pass any urine at all but more often it is incomplete emptying, where you are not emptying all that the bladder is holding.

- Symptoms can include passing small amounts of urine, frequency of passing urine, dribbling, poor flow, a sensation of incomplete emptying, discomfort or pain, input exceeding output and infection.
- Don't worry, you know how to self-catheterise.
- If you have any concern that you are not emptying your bladder first go to the toilet and pass urine normally and then you should perform self-catheterisation. If you empty large amounts with the catheter then you should continue to use the catheter until the volumes reduce.
- If you do need to use a catheter, keep a record of each amount you pass normally and how much you drain via the catheter each time you "go" and give the continence nurses a telephone call so they can advise how often to catheterise.
- You may have to self-catheterise every 3-4hrs (depending on how much you are drinking), but how often should lessen with time as the amount you pass normally increases and the amount you retained in your bladder reduces.

When self- catheterising, you are at increased risk of urine infection.

If you need advice use the telephone numbers you have been given (see below).

Side effects of Botox

- Allergy to Botox is very rare
- Rarely people have reported flu like symptoms which settle quickly within a few days, or muscle weakness e.g. in the legs
- Very rarely, breathing difficulties have been reported.

If you are particularly concerned about any of these risks before your operation do not be afraid to mention it to one of the clinic staff. If any of these symptoms occur you must seek medical advice.

Follow up

You will be given the telephone numbers for the Continence Nurse Specialists and Edgefield Ward for use if you have problems once you have gone home. The ward is open and staffed all the time; your call will be answered.

- The first post treatment follow up appointment will be at 6 weeks with the continence nurse specialist. **It is vitally important that you keep this appointment.**
- Further follow up will be arranged as necessary. When your symptoms start to return we will be able to discuss repeat treatments.

