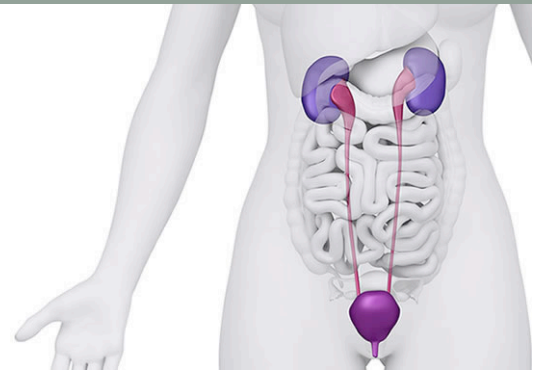
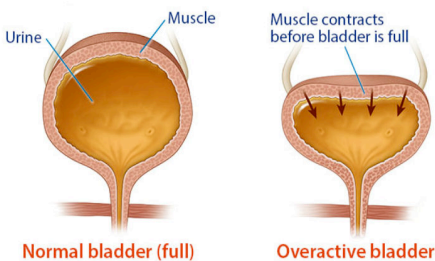


Bladder Botox

Treatment for overactive bladder



Overactive bladder



OAB is a very common condition characterized by urgency with or without urinary leakage usually with urinary frequency during day-and/or nighttime

Why has my doctor recommended Botox- for my bladder condition?

Botox is the trade name for purified botulinum toxin A, which is produced by certain bacteria. It is used as a beauty treatment to get rid of wrinkles and to stop people sweating, but it can also be used to treat a variety of muscular disorders. These include muscular spasms and overactivity of the bladder wall muscle, which causes urinary frequency (having to pass urine often during the day and/or at night) and urgency (an overwhelming desire to pass urine), which is often associated with urinary leakage.

Botox may be offered as a treatment when other treatments such as bladder training and medication such as Oxybutynin, Tolterodine, Solifenacin or Betmiga have not helped.



OAB is a common and often debilitating condition

Botox treatment for the overactive bladder – an alternative to medication

Treatments you should have tried before being offered Botox

There is no cure for an overactive bladder. All treatments whether they are lifestyle change, medication or operations are aimed to help reduce symptoms. Things you should have tried before being offered Botox include cutting out caffeine, changes to your fluid intake, changes to your diet, pelvic floor exercises and bladder retraining. It is important to continue to use these techniques along with further treatments you are offered to get the best results for reduction of your bladder symptoms. In addition, your doctor should have tried you on various drugs at increasing doses to dampen your bladder overactivity.

What is Botox and when is it used?

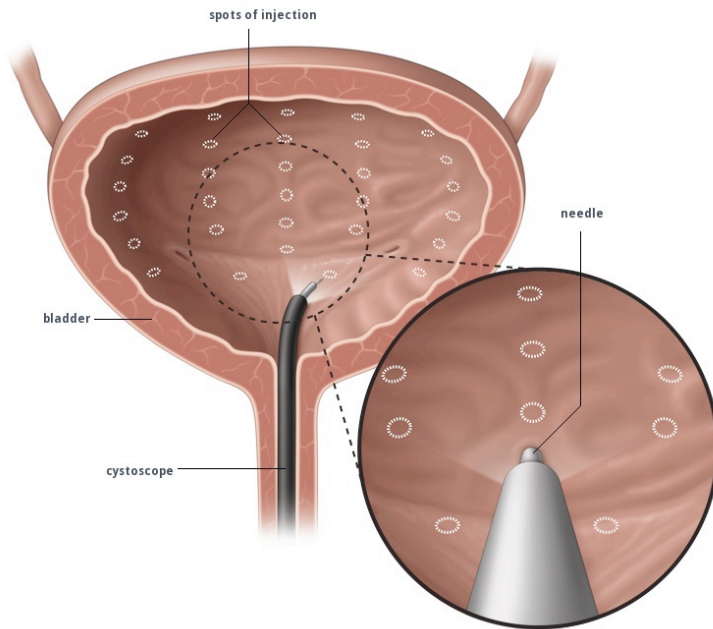
Botox is a neurotoxin. This means it is an agent that acts on nerves. In the bladder it prevents the bladder muscle from contracting strongly or frequently. It can be used when you have overactive bladder symptoms and the urodynamic test proves that these symptoms are caused by overactivity of the

muscle in the bladder wall (the so-called detrusor muscle). The treatment is offered to patient when traditional medication has not helped or has been poorly tolerated.

Botox is now licensed for being injected into the bladder and it is also recommended by NICE (National Institute for Health and Care Excellence) for women who have tried but not had any relief from the other treatments mentioned earlier.

The benefits of Botox

Botox is highly effective in relieving symptoms caused by an overactive bladder. It reduces frequency, urgency and urge incontinence in 75-80% of patients who receive the injections. For the majority of patients the beneficial effects are usually seen three to four days after the treatment. The Botox injection is expected to last for six to nine months, but this will vary for each patient. The effect of Botox gradually wears off and most patients will require further injections.



How is Botox injected into my bladder muscle?

Botoxinjections are carried out as day case surgery under general or local anaesthetic

Botoxinjections into your bladder muscle are carried out as a day case procedure; -which means that you will be able to go home later on the same day. It is usually performed in theatre either under general or local anaesthetic (when you are awake but the area is made numb with local anaesthetic gel). A narrow telescope – a so-called cystoscope – is being inserted into your bladder. It is passed through your urethra into your bladder. The doctor will examine your bladder carefully. Your surgeon will use a fine endoscopic needle to inject small portions of Botox into 10-30 individual sites or your bladder wall. The treatment will take approximately 10-15min. After the procedure you will return first into recovery, then into the day case unit. You will be asked to stay for a couple of hours until we have made sure that you have passed urine without any problems and until you feel well enough to go home.

After the treatment

You will usually receive a short course of antibiotics, which need to be taken for 3-5 days. You can return back to work the day after your Botoxinjections.

For the majority of patients the beneficial effects are usually seen three to seven days after the injections.

The Botox effect is expected to last for six to nine months, but this may vary from patient to patient. Once the beneficial effect of the treatment has worn off you will need repeat top-up injections. There is no limit on how many times you can have Botoxinjections, and many people find that having repeat injects works well over many years.

What risks and complications can I expect?

Failure to empty your bladder fully = Urinary retention

Botox is sometimes so effective that it can be difficult to pass urine after the treatment. 10 - 20% of patients will not be able to pass urine at all (urinary retention). This does not always happen immediately and it can take up to two weeks to develop. If this happens you will be taught how to insert a small catheter into your bladder to empty it. This is called clean intermittent self-catheterization. One of our nurse practitioners will familiarize you with the technique and make sure you are comfortable with the practice. The nurse will also teach you how many times a day you will need to do this. If you experience urinary retention, you will need to self-catheterize until the Botox wears off and you start passing urine naturally again; - this usually takes a couple of weeks, but it could last up to 6 months.

Blood in urine

You may see blood in your urine immediately after the procedure. This could last for 1-3 days. Please drink about 1.5-2 liters of fluid per day to help flush your bladder and prevent infection.

Urinary tract infections

Urinary tract infections are characterized by a sensation to pass urine frequently, pain while passing urine as well as cloudy and offensive smelling urine sometimes associated with fever and loin pain. Mild burning on passing urine for 24 hours after the procedure is normal and occurs in almost all patients. Recurrent infections requiring antibiotic treatment can happen in 10-20% of all treated patients.

Treatment failure

In up to 30% of all treated patients the Botox may fail to provide any symptomatic relief.

Allergic reaction

An allergic reaction to Botox (with difficulty breathing, swallowing and speaking) requiring emergency treatment is very rare and occurs in less than 0.4% of patients.

Very rarely patients can develop generalized muscle weakness and flu-like symptoms due to the Botox treatment (<0.4%). It usually lasts no longer than a week or two and settles on its own without any specific treatment.



Botoxinjections are effective in about 70% of patients – this means that urgency and incontinence are either significantly better or cured.

Please feel free to contact us in case of any further concerns or questions

Follow-up

A few weeks after your procedure you will have an outpatient clinic appointment with one of our nurse practitioners to assess your response to your treatment. If the treatment has been successful then we will usually book an appointment for your repeat injections six months later. This date can be adjusted according to the length of your response.

What are the alternative treatments?

Botoxinjections are only tried if other treatments are not effective. Alternative procedures that can be used instead of Botoxinjections include

Sacral neuromodulation – a device implanted into your lower back that sends electrical signals to the bladder nerves

Enterocystoplasty – a major operation that enlarges your bladder using a segment of bowel

Acupuncture and Posterior tibial nerve stimulation (PTNS) (electrical stimulation of a nerve near your ankle)

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