



York Teaching Hospital
NHS Foundation Trust

Botox™ (Botulinum Toxin) injections into the bladder

Information for patients, relatives and carers

**Department of Urology
York Teaching Hospital NHS Foundation Trust**

① For more information or advice, please contact:

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What is an overactive bladder?

An overactive bladder is a condition that makes you feel as though you need to pass urine urgently and more frequently than usual. It can also cause you to be incontinent of urine. Your Consultant may have already tried you on tablets to try and stop your bladder from being overactive and this has not worked. Therefore your Consultant has recommended Botox™ to you. Botox™ is the trade name for Botulinum Toxin.

How does Botox™ work / what are the benefits?

Botox™ relaxes the muscles that control your bladder by preventing the production of acetylcholine. Acetylcholine is a chemical that is naturally produced by your body and controls the emptying of your bladder. If the production of acetylcholine is reduced your bladder should relax and your symptoms should improve.

What happens on the day?

Please go to the ward or unit where you will be treated (details will be on your appointment letter). You will be seen by the nurse and you will be asked to sign a consent form (FYCON110-1 Injections of Botox into bladder) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your patient notes and you will also be offered a copy for your own records.

A fresh urine sample will be checked, if you have urine infection, then we would not proceed with Botox™ injection. It would be useful to check this with your GP a week before your date of the Botox™ injection; so appropriate antibiotic could be given to you.

Your Consultant will give you your injection in hospital. You will either have a local or a short general anaesthetic and you will be given antibiotics to prevent infection in the urine. Please inform your consultant on the day if you have received Botox™ injection for any other reason over the last three months.

A cystoscope, which is a small telescope for looking into your bladder, will help us to inject small amounts of Botox™ into your bladder muscle. You will be able to go home after your injections once you have passed urine.

Botox™ (Botulinum Toxin) has been licensed by the Medicines and Healthcare Products Regulatory Agency (MHRA) for the management of bladder dysfunctions in adult patients with overactive bladder (OAB) with symptoms of urinary incontinence, urgency and frequency and who are not adequately managed with oral medications.

What are the alternative treatments to Botox™?

As already mentioned tablets known as Anticholinergics should be tried first, and at least two different ones in addition to Mirabegron (Betmiga) before Botox™ injections are considered.

Bladder retraining and physiotherapy should also be tried with changes in your fluid intake such as not drinking tea, coffee or fizzy drinks an aim to reduce your overactive bladder symptoms before Botox™ is recommended. Your Consultant, Physiotherapist, Continence Specialist Nurse or Urology Specialist Nurse will have discussed these with you first to try, and continue with, even if you have had treatment for an overactive bladder.

Another alternative which is equally effective is sacral nerve stimulation (SNS). There are other which are rarely considered include bladder enlargement with a segment of bowel or urinary diversion into a stoma. In addition, posterior tibial nerve stimulation (PTNS) may have a value in improving symptoms.

Will I need to take time off work?

If you have had your Botox™ injections carried out under a general anaesthetic, you will need to take the next day off after the injections. You can return to work on the second day. If you have had your injections under a local anaesthetic you may return to work the following day after your injection if you feel well enough to do so. Do not drive for 24 hours following your general anaesthetic.

Please do not drink alcohol during the first 24 hours following your injections.

Is Botox™ used for any other bladder conditions?

In some cases Botox™ is used for a condition known as interstitial cystitis / painful bladder syndrome and bladder spasms related to a catheter. This also works by reducing the overactive bladder symptoms such as frequency and urgency. It also works on reducing bladder pain, which is a common problem with interstitial cystitis.

Are there any risks or side effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Blood in the urine
- Discomfort or infection in the urine
- Difficulty in emptying the bladder adequately, requiring the use of intermittent self-catheterisation

Occasional (between 1 in 10 and 1 in 50)

- Inability to pass urine at all, requiring passage of a catheter

Rare (less than 1 in 50)

- Generalised weakness due to the effect of the toxin on the muscles of the body, requiring admission to hospital

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium Difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after previous infections, after prolonged hospitalisation or after multiple admissions.

There does not appear to be any long-term side effects from the use of Botox™ although information is still being collected.

The safety of this drug during pregnancy and breast-feeding is not yet known. It is important that you tell your Consultant if you are pregnant, trying to become pregnant or if you are breast-feeding.

If you become unwell once you have been discharged from hospital, develop a fever or have smelly offensive urine then consult your doctor as you may require antibiotics.

Will there be any bleeding?

Not everyone will pass blood in their urine following their Botox™ injections. However, any bleeding experienced during the first two weeks after your procedure is considered normal and is nothing to be alarmed about. Bleeding, which you think is excessive, occurring in the first 24 hours, should be checked with one of the contacts on the next page of this leaflet. Any heavy bleeding after 24 hours should be referred to your GP so that it can be checked out. Drinking plenty of fluids will flush your bladder out and prevent further problems arising such as urinary infections.

How soon will I start to feel better and how long will it last?

Relief from your symptoms usually happens two weeks after your injections. It can last for up to nine months or longer. Repeat injections may be needed. If you need a repeat injection in the future, you can contact Mr Mustafa Hilmy's secretary directly on 01904 725610.

Who do I contact if I have any problems after I have been discharged home?

If you have problems after discharge, you can contact the following for advice:

During the first 24 hours after your operation please contact the Hospital or Ward where you have received treatment:

York Hospital Wards:

Day Unit between 8am and 5pm	01904 726010
Ward 15 between 5pm and 8am	01904 726015
or Ward G1 between 5pm and 8am	01904 726001

Scarborough/Bridlington Hospital Wards:

Maple Ward (Scarborough)	01723 236261
Lilac Ward (Scarborough)	01723 342805
Ash Ward (Scarborough)	01723 385220
Lloyd Ward (Bridlington)	01262 423134

If you have continuing problems and need further advice please contact your Urology Specialist Nurse or Nurse Practitioner (see contact numbers on the front cover) or your GP.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Sue Heaton, Urology Specialist Nurse, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726315.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

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