

Patient information factsheet

Botox treatment for an overactive bladder

We have given you this factsheet because your doctor has recommended treatment with Botox for your bladder. We hope this factsheet will help to answer some of the questions you may have.

What is Botox?

Botox (also known as botulinum toxin A) is a medicine that we use to treat a variety of muscle disorders. These include muscular spasms and an overactive bladder.

We may offer you Botox treatment when other treatments, such as bladder training, physiotherapy and medications, such as solifenacin and mirabegron, have not helped.

How can Botox treatment help?

Botox is a highly effective treatment for an overactive bladder. It works for 75% of women who have the treatment and is one of the few treatments that help with night time symptoms.

An overactive bladder is caused by overactivity of the bladder wall muscle. This causes urinary frequency (needing to pee more often) and urinary urgency (needing to pee urgently). It is often associated with urinary leakage (incontinence).

Botox works by stopping the bladder wall muscle from contracting (squeezing) too much. This reduces urinary frequency and urgency and reduces urinary incontinence.

Most women notice improvements three to four days after having Botox treatment, but for some women, this may take up to three weeks.

Botox treatment is not a permanent solution and the effects will gradually wear off. We would expect the benefits to last for six to nine months, but this will vary for each individual. For some people, the effects of Botox treatment may last longer.

Most women will need to have further Botox treatments.

At your Botox treatment appointment

Botox bladder treatment is given by injections under an anaesthetic (pain-numbing medication).

In most cases, you will have a local anaesthetic (which numbs the specific area we are treating) and will not need to stay in hospital overnight. Some people may need to have the treatment under a sedating medication or a general anaesthetic.

For women having a local anaesthetic, an anaesthetic gel will be put into the urethra (bladder pipe) to numb it.

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Once the area is numb, a thin tube called a cystoscope is inserted into the bladder. This tube is connected to a small camera, which allows the surgeon to look at the inside of the bladder.

Through the tube, the surgeon will make ten to twenty small injections of Botox into specific sites of the bladder wall muscle. Because of the anaesthetic gel, the injections should not be painful, but there may be a pricking sensation or minor discomfort.

In most cases, the tube will be inserted for less than five minutes.

After your Botox treatment

After your treatment, we may ask you to stay in the department for a couple of hours until you have passed urine and you feel well enough to go home. We may also need to check that your bladder is emptying by doing a simple bladder scan. After you have passed urine, we will place a scanner on your tummy to see whether there is any urine left in your bladder.

We will usually give you a course of antibiotics, either by injection at your Botox treatment appointment or as a tablet.

You can return to work the day after your Botox injection.

Follow-up appointments

You will have a telephone follow-up appointment with the specialist nurse. Before this appointment, we may ask you to try a self-catheter to see whether you have any urine left in your bladder after going to the toilet.

Side effects

Urinary retention

Up to one in 20 women may have difficulty emptying their bladder fully after Botox treatment. If this happens, it may take a few days or weeks to become a problem.

Inability to empty your bladder is usually temporary and lasts for a few days or weeks. However, it's important to know that it can last longer in some cases and can sometimes last until the effect of the Botox has worn off.

A small number of women who have severe problems with this may need to have a catheter (a tube to empty the bladder) up to five times a day.

It is difficult to predict who will develop severe urinary retention, so we will prepare you for this side effect before you have your Botox treatment. We will show you how to use a small disposable catheter to empty your bladder (known as clean intermittent self-catheterisation or CISC) in case you need to. The catheter does not stay in your bladder so you will not need a bag. Disposable self-catheters are available on prescription if needed.

If you notice that it is more difficult to pass urine or if you develop an infection, please telephone us on **023 8120 8967** for advice.

Blood in your urine

This is usually minor and settles down without any treatment.

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Urinary tract infection (UTI)

Symptoms of a urinary tract infection include:

- increased frequency (needing to pass urine more often)
- pain or a burning sensation when passing urine
- feeling unwell

Urinary tract infections are easily treated with antibiotics. Please contact your GP for advice.

Between one in 10 and one in 50 people may have repeated urinary tract infections.

Other side effects

In extremely rare cases (less than one in 10,000 cases), Botox can spread to other parts of the body. Symptoms of this may include muscle weakness, which can affect swallowing, speech or breathing. If you notice any of these symptoms, contact your GP or NHS **111**. In an emergency, call **999** or visit your nearest emergency department.

British Society of Urogynaecology (BSUG) database

The British Society of Urogynaecology has set up a national database to record and monitor all procedures performed for urinary incontinence.

Before your operation, we may ask you if you agree to your surgeon entering the details of your procedure into the database. This information will enable BSUG to develop a picture of what procedures are being performed throughout the UK, as well as complications, results and individual surgeons' performances.

It is your choice whether to consent to this.

Contact us

If you have any questions about your treatment, please contact the urodynamics and physiotherapy department on **023 8120 8967** (Monday to Friday, 8.30am to 4pm).

Out of hours, please leave a message on the answer machine.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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