Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Intravesical Botox Injections

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Intravesical Botox Injections

Patient Information

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Introduction

As with most procedures, your main anxieties before a flexible cystoscopy and Botox injections will be due to fear of the unknown. This leaflet aims to inform you about the procedure so that you need not have any worries.

Benefits, why Intravesical Botox?

- Intravesical administration of Botox Injection is used in patients who have a proven Over Active Bladder (OAB) on Urodynamic investigation.
- Usually, patients have been unresponsive to other treatments.
- Have severe symptoms frequency, urgency and urge incontinence.

What is Botox?

- Botulinum Type A.
- Botox works by blocking nerve impulses to any muscles that have been injected. In this case Botox into bladder muscle causes the muscle to stop contracting.
- It is administered into the bladder using a flexible cystoscope.

Risks

- The use of Botox is very safe.
- Very rarely, however, there are minor side effects. Occasionally headache, light-headedness, fever, abdominal pain and diarrhoea may occur.
- Many of the side effects are not necessarily a direct result of Botox.
- Rarely patients may experience flu like symptoms and may need to be looked after as an inpatient in the hospital.

Alternatives

- There are usually no medical alternatives as these have been exhausted prior to deciding on Botox treatment.
- The alternative is a major reconstructive surgical procedure.

What is a flexible cystoscopy?

A flexible cystoscopy is an examination of the inside of the bladder and the urethra (water pipe) using a fine flexible telescope with a light and a tiny camera in the end. This examination will be carried out by the doctor and is used to assist the doctor to administer the Botox injections. Most flexible cystoscopies are carried out in The Richmond Urology Unit situated in the Hanover Centre at Leigh Infirmary using a local anaesthetic. Occasionally it is carried out under general anaesthetic in the operating theatre at Wigan.

In women the urethra is only about 3-4 cm long. In men it is much longer and follows an S shaped course from the bladder outlet, through the prostate gland and down to the end of the penis. Both men and women have muscular valves called sphincters, which control the flow of urine. A woman's sphincter muscle lies around most of her short urethra while in a man the main sphincter is just below the prostate gland.

How do I prepare for a flexible cystoscopy?

There is no special preparation for a flexible cystoscopy under local anaesthetic. You should eat and drink as normal and take all your normal medication. You will be asked to empty your bladder immediately before the flexible cystoscopy.

You will need to fast for 6 hours if the procedure is carried out under General Anaesthetic (GA).

The procedure

The doctor or nurse carrying out the procedure will clean your genital area with a mild antiseptic solution and then surround the area with a sterile paper sheet. Try not to touch this with your hands. They will then squeeze some lubricating gel into the urethra. This gel also has a mild local anaesthetic effect.

The tip of the flexible cystoscopy is then inserted into the urethra. Men will then be asked to try and pass urine when the flexible cystoscope reaches the sphincter below the prostate gland. This relaxes the sphincter and allows the cystoscope to pass through more easily. Do not worry, no urine will actually come out while the cystoscope is in the urethra. Anything that does leak is water. When the bladder is empty, there are folds in the lining. Sterile water is run into the bladder through the cystoscope to stretch out these folds and give a clearer picture. As the cystoscope passes through the sphincter there may be momentary stinging.

The needle is very small and is thread along the flexible cystoscope until it can be seen by the doctor/nurse at the end of the scope on the screen. The doctor/nurse then administers 10--20injections (depending on the dose)1ml per injection of Botox evenly into the bladder muscle

The flexible cystoscopy should take no more than 15 minutes and the doctor carrying out the procedure will explain everything to you as it happens.

What happens after the procedure?

You will probably feel that you need to pass urine immediately after the procedure, because your bladder has been filled with water, you will be able to do this straight away.

Most people have no trouble after a cystoscopy, but there is a small risk of you developing an infection in the urine. We will therefore give you a 3-day course of antibiotics to take home, to reduce the chances of this happening. Drinking up to 2 litres of fluid after the flexible cystoscopy will also help prevent infection. A little bleeding is also common after a flexible cystoscopy and you should not worry if you see this. It may also sting slightly the first few times you pass urine after the flexible cystoscopy.

If you develop a high temperature, pain, persistent burning or bleeding, you should contact your GP.

You will have already been shown how to do Intermittent Self Catheterisation (ISC) as a safe guard in case you are one of the 20% of patients who are unable to pass urine following the procedure. It can take up to 10 days for this to happen post procedure and if you are unsure at all please contact the Urology Nurse Specialist on the number provided.

Contact number

Urology Nurse Specialists

01942 264491 at Leigh



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