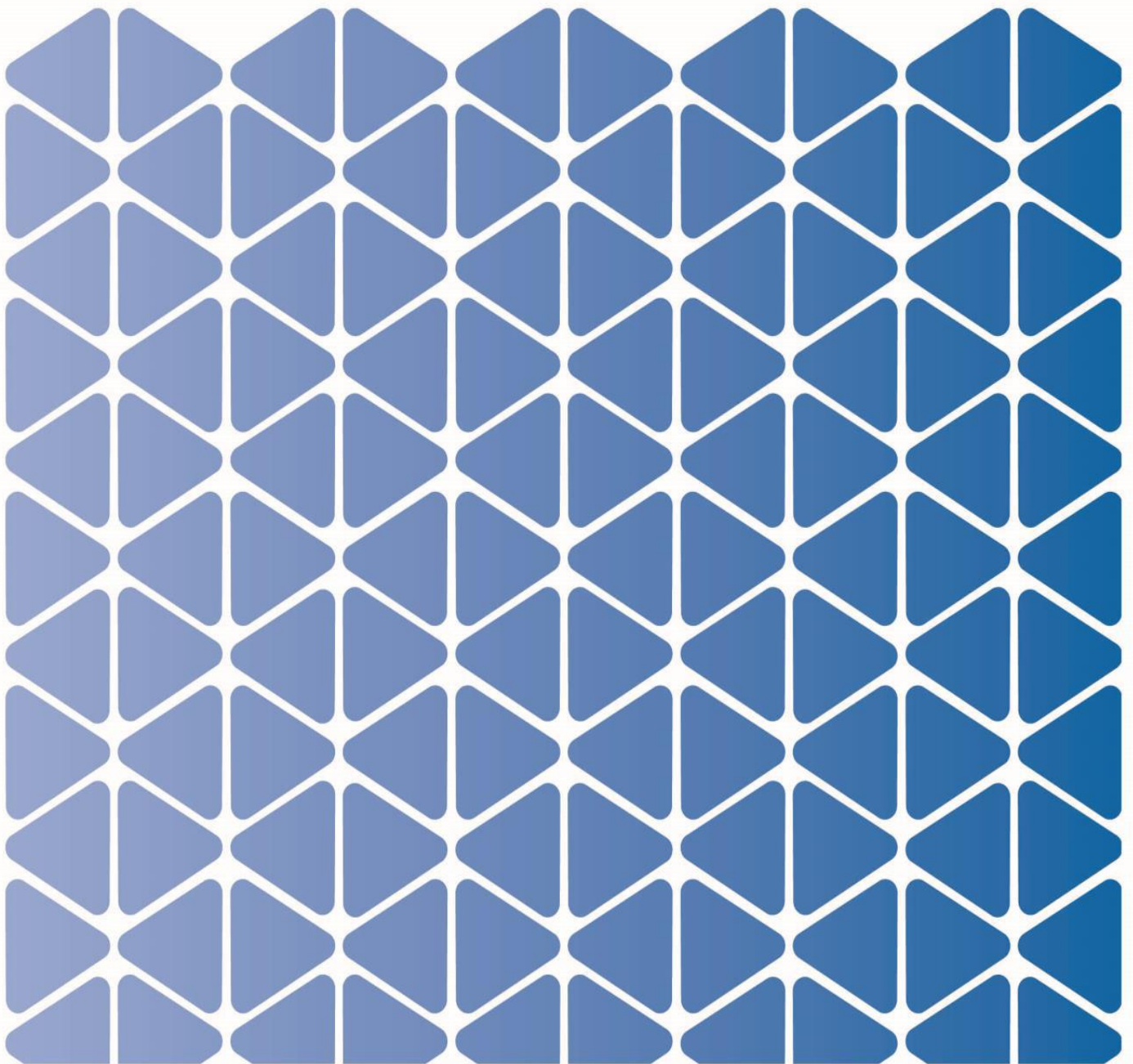


PATIENT INFORMATION

Injections of botulinum toxin-A (BOTOX®) into the bladder



This leaflet has been given to you to help answer some of the questions you may have about having injections of botulinum toxin A (Botox®) into your bladder. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

What is an injection of Botox® into the bladder?

This involves passing a small telescope into your bladder through your urethra (the tube that carries urine from the bladder to outside the body) and injecting between 10 and 20 injections of Botox® into your bladder wall from the inside. Botox® is a muscle relaxant, which works by reducing uncontrolled contractions of the bladder muscle and increasing bladder capacity. This helps to improve the symptoms of overactive bladder in about 7 out of every 10 patients.

What are the benefits-why should I have bladder Botox® injections?

The aim of the injections is to reduce urinary symptoms such as urgency (sudden desire to pass urine which cannot be deferred), frequency (passing urine often) and urge incontinence (urinary leakage associated with urgency).

The effects of Botox® usually takes between three days to three weeks to appear, so you may not notice a difference immediately after the injections. If successful, most patients find the effects of the injections last between six and nine months, although they can last longer. Repeated injections will be required each time the effects wear off.

What are the risks?

The risks can be divided into those associated with the telescope and those associated with Botox® itself.

After having a telescope into the bladder you may find:

- 1) A small amount of blood in the urine. This is usually a very small amount which stops within 24 hours. You should seek advice immediately from the Emergency Gynaecology Assessment Unit or your own Doctor if the bleeding persists for several days or if you are passing blood clots despite keeping well hydrated and drinking plenty.
- 2) You may develop an infection of the bladder (also known as cystitis or urinary tract infection). This may be associated with burning/stinging in the urethra, increased visits to the toilet, pain in the lower abdomen and a high temperature. You may just feel generally unwell. If these symptoms appear then consult your GP or contact the Emergency Gynaecology Assessment Unit. We give you antibiotics at the time of the procedure and afterwards to minimise this risk.

After having injections of Botox®:

- 1) Approximately one person in 5-20 patients can have difficulty passing urine after Botox® injections for overactive bladder. This is dose dependant. They may be left with residual urine in the bladder after they feel they have emptied it fully. This may be seen more commonly in people with overactive bladder symptoms and neurological conditions e.g. (MULTIPLE SCLEROSIS OR SPINAL PROBLEMS). In either case your Doctor will ask you to use a catheter to empty the bladder fully. This involves passing a small tube (catheter) through your urethra and into the bladder – allowing all of the urine to drain out. This is known as clean intermittent self-catheterisation (CISC) and is performed typically two to three times per day. The need to perform this reduces over time as the effects of the toxin wear off. All patients will be shown how to perform clean intermittent self-catheterisation before receiving their first Botox® injection. Some patients will not be suitable for this and other options will be discussed if problems passing urine arise post-injection.
- 2) Allergy – this is rare but is possible with any form of medication. If you experience any difficulty breathing, swallowing or speaking you must seek emergency medical treatment immediately by calling 999 for an ambulance.
- 3) Flu like symptoms – some patients who have had Botox® have reported these symptoms for a week or two after the injections.
- 4) Bladder pain – very occasionally some patients develop a pain in the bladder following injections. This pain is usually controlled with simple painkillers such as paracetamol and typically resolves quickly following the injections.
- 5) Generalised muscle weakness – this is very rare. Some patients have reported weakness in muscle of the arms and the legs at other hospitals across the world. They have been reported to be mild and usually do not require a stay in hospital. The condition resolves with time although it can take several months. There is no specific treatment for this should it occur.
- 6) Occasionally patients cannot pass urine at all and if this occurs then you must contact the Emergency Gynaecology Assessment Unit or go to A & E immediately.

Are there any other alternatives?

The alternatives to Botox® injections into the bladder are tablets (antimuscarinics or beta 3 agonists), neuromodulation (stimulation of the nerves at the base of the spine to improve bladder symptoms) and other forms of surgery such as clam cystoplasty. Most patients will have tried bladder training and tablets before they are considered for Botox®.

You can discuss these options with your Doctor at your appointment.

How can I prepare for Botox® injections into the bladder?

The injections are performed in The Womens Health Unit at the Alexandra Hospital, Redditch. It takes about 10 minutes from the telescope going into the bladder to the telescope coming out. Please let us know if you are taking any regular medicines and if you have any allergies to any medicines. If you are taking antiplatelet medicines (such as aspirin or clopidogrel) or any anticoagulant medicines (such as warfarin or rivaroxaban), then you may need to stop them temporarily before you have the injections. This will be assessed and discussed with you before the day of the procedure. Otherwise there is nothing specific you need to do before the procedure.

Giving my consent (permission)

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

What happens during Botox® injections into the bladder?

A small amount of jelly with a local anaesthetic is injected into the urethra, 'numbing' the area so to reduce discomfort. The injection may sting a little. A small telescope is then passed into your bladder. Your bladder is filled with water through the telescope which may make you feel like you need to go to the toilet. Sometimes there is a leakage of water around the telescope but this is normal and the Doctors and Nurses expect it to happen. The Doctor then passes a small needle down the telescope and injects between 10 and 20 injections of Botox® into your bladder. The telescope is then removed. You can go and empty your bladder as normal.

Will I feel any pain?

The procedure can be uncomfortable but should not be painful. The injections into the bladder wall can sting for a few seconds. You are able to speak to the doctor and nurse throughout the whole procedure and if you would like them to pause or stop they will be more than happy to do so. Most patients feel no pain afterwards.

What happens after the procedure?

Following the procedure you will be able to get up straight away and go to the toilet to empty the water put into the bladder during the procedure. The Botox® should not affect your ability to drive but you should wait until all the discomfort from the procedure has gone. You will receive a follow up appointment to see the Urogynaecology Specialist Nurses in two weeks to check how you are passing urine and a bladder scan will be performed for reassurance.

What do I need to do after I go home?

There are no special precautions to take after the procedure and you can continue your daily activities as normal. Watch for signs of an infection as described above in the 'What are the risks?' section on (pages 1-2) and seek medical help if you are concerned. You may be given a three day course of antibiotics which you should complete.

You will be given an information leaflet after the procedure which will provide useful advice for your recovery. The leaflet will also provide you with contact details of healthcare professionals who are available for advice.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at:

wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.