

Injections of Botulinum Toxin A (Botox®) into the bladder

Information for patients



This leaflet has been given to you to help answer some of the questions you may have about having Botox® injections into your bladder. It explains what the benefits and risks are, what the operation involves, what to expect when you go home and what the alternatives are.

What is Botox?

Botox® has been used for several years for conditions which are caused by muscle over-activity (such as muscle spasms in patients with spinal injuries and cerebral palsy).

Botox® works by temporarily blocking nerve impulses to the injected muscle, in this instance an overactive bladder where patients have tried various medications which have not been successful or tolerated.

How is the Botox® injected into my bladder?

This is a day case procedure so you will be asked to come to the hospital on the day of surgery and ordinarily leave on the same day. You will be asked to provide a fresh urine sample and this must be clear to proceed that day. The procedure will be carried out under either local or general anaesthetic which your doctor will discuss with you.

The doctor will use a special telescope to examine your bladder, this procedure is called a cystoscopy.

The telescope is passed through the water pipe into the bladder, so no cuts need to be made. Sterile salty water is then run into the bladder through the telescope to fill it and to give a clearer picture. The doctor will examine the bladder carefully and then inject the Botox® into the bladder wall through a special needle passed through the telescope. The procedure usually takes 10-15 minutes.

What are the benefits of the procedure?

The aim of the injections is to reduce the symptoms of an over-active bladder, such as urgency (sudden desire to pass urine which cannot be deferred), frequency (passing urine often) and urge incontinence (urinary leakage associated with urgency). It is likely you will be either symptom free or have a large reduction in symptoms.

What are the risks?

The use of Botox® is very well tolerated. Most procedures have a potential for side-effects but the majority of patients do not experience any problems after this procedure.

1. You may have slightly pinkish or blood-stained urine. If this happens, please drink 1.5 - 2 litres (2.5 - 3.5 pints) of water per day.
2. If you have any or a combination of following symptoms, you may have a urinary tract infection:
 - Sensation of wanting to pass urine frequently
 - Pain or burning sensation on passing urine
 - Cloudy urine

- Loin pain
- Fever

If this happens, please have your urine tested at your GP surgery. If you have a urine infection you will need antibiotics to clear it up.

3. Botox® is sometimes so effective that 10-15% of women may experience difficulty in emptying their bladders adequately. This may happen 1 - 2 weeks after the procedure. If this happens you will need to practice "clean intermittent self catheterisation" (CISC). The procedure is performed by first washing your hands and the area around your vaginal opening to prevent infection. Women must be able to identify the urinary opening where urine flows from. The tip of the catheter is already lubricated and inserted into the urethral opening. When the catheter is properly inserted, urine will flow out of the catheter into the toilet.

If you had problems emptying your bladder you would need to self catheterise until the effect of the botox off and until you start emptying your bladder adequately.

4. Rarely (less than 1 in 50) patients experience generalised muscle weakness or flu like illness following the injections, lasting for a week or two. Some other rare symptoms are headache, light-headedness, fever, abdominal pain and diarrhoea.

Long term effects are unknown but Botox has been used in the bladder for over 10 years with no reported long term side effects. It is difficult to predict duration of effects between each treatment.

What happens after the procedure?

You will be allowed to go home the same day providing that you are feeling well and you have no difficulties passing urine.

You will be seen by our urogynaecology nurse 10 - 14 days after the procedure.

How long will the effects last?

The effects of the Botox® usually take between 7 - 14 days to appear, so you will not notice a difference immediately after the injections. Most patients find the effects of the injections last between six and nine months, although they can last shorter or longer time. Repeated injections will be required each time the effects wear off if you found the Botox helped your symptoms.

What are the alternatives?

The alternatives to Botox® injections are tablets, which you are likely to have tried already together with bladder training.

The next option would be sacral neuromodulation which involves permanent surgical implantation of a battery powered electrical stimulator connected to the bladder nerves in the lower part of the spinal cord.

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

Questions / Notes

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



What did you think of your care?
Scan the QR code or visit bit.ly/nhsleedsfft
Your views matter



© The Leeds Teaching Hospitals NHS Trust • 4th edition (Ver 1)
Developed by: Dr M Nemcova and Dr F Marsh - Clinical Governance Forum
Gynaecology
Produced by: Medical Illustration Services • MID code: 20230920_013

LN004395
Publication date
09/2023
Review date
09/2026