

Department of Urology

Patient Information Sheet

Intradetrusor Botulinum Toxin Injections (‘Botox’)

Operation to treat urinary frequency and urgency
which is not helped by oral medication

This procedure involves a telescopic examination of the bladder under local anaesthetic, and placing tiny injections of ‘Botox’ into the wall of the bladder. Prior to this procedure you will be taught a technique called ‘self catheterisation’ which will allow you to empty your bladder using a fine disposable catheter which may be necessary after the procedure.

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

What are the intended benefits of this procedure?

To treat urinary conditions such as detrusor overactivity or neuropathic bladders, which cause urinary frequency, urgency and leakage of urine.

What are the alternatives to this procedure?

Observation, wearing pads, oral or patch medication, bladder training, sacral neuromodulation, open operations to increase the bladder capacity or divert urine into a bag.

What are the most frequently occurring after-effects or serious risks of this procedure?

Common (greater than 1 in 10)

- Temporary stinging or burning when urinating
- Blood in the urine
- Recurrence of symptoms requiring further injections
- Discomfort during injections

Occasional (between 1 in 10 and 1 in 50)

- Risk of urinary infection (1%)
- Temporary risk of being unable to pass urine following the procedure in which case you would need to self-catheterise to empty the bladder (5%)

Rare (less than 1 in 50)

- Failure of treatment requiring higher dosage
- Allergic reactions to the Botox

What sort of anaesthetic is used?

Usually a local anaesthetic is used.

What does the procedure involve?

You will have your procedure performed in the Day Surgery Unit. The urologist will clean your urethra and the surrounding area with antiseptic solution before passing some anaesthetic jelly into the urethra. After a minute or two the telescope will be passed into your bladder, and a tiny needle will be introduced via the telescope. Usually, about 20 injections are placed around the bladder to partially paralyse the bladder muscle and improve your symptoms.

As the effects of Botox wear off, it is usually necessary to repeat the injections after 6 to 12 months.

What happens after the procedure?

Once you are passing urine satisfactorily, you will be able to go home. The nursing staff will scan your bladder to ensure that it is emptying properly. If you cannot pass urine, or if your bladder does not empty, then you will need to commence self catheterisation (which you will be taught in advance of your procedure).

If you need to self-catheterise after your operation you will be given initial supplies and information on how to obtain further prescriptions. You will also be given instructions as to when you may stop self-catheterising.

What else should I look out for?

If you develop a fever, increased bleeding or pain on urination you should contact your GP. If you become unable to pass urine at all (and can not self-catheterise), you should come to the Accident and Emergency Department here at Kingston Hospital.

Further Appointments or Treatments

You will be asked to return for an outpatient check up 6-8 weeks after your operation.

Who should I contact for more information?

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse
020 8934 3547

Yvonne Haffenden, Lin Williams & Suzy Waight
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra 020 8934 3152**

- Your Urology Consultant.

