

Botulinum Toxin for treatment of bladder complaints (page 1 of 3)



What is Botulinum Toxin?

Botulinum Toxin is a protein made by the bacteria Clostridium Botulinum. It works by blocking the effects of the nerves on the muscles. This means that when injected into the bladder it reduces the activity of the bladder muscles. Botox and Dysport are trade names.

Is the use of Botulinum Toxin dangerous?

NO! Botulinum Toxin has been safely used since 1975. It has been extensively tested and is used for a variety of conditions. It is perhaps most commonly associated with cosmetic surgery.

Although its use in the bladder is outside the marketing authorisation, the National Institute for Clinical Excellence (NICE) recommend it if conservative measures have failed. It is available on prescription on an individual basis.

Botulinum Toxin only works on the part of the body where it is injected. In small doses side-effects are minimal.

When is it used as a treatment for bladder complaints?

If you have:

1. an overactive bladder
2. 'painful bladder syndrome' – which includes interstitial cystitis.

What is overactive bladder?

Overactive bladder is a medical condition that leads to a need to pass urine frequently with a sense of urgency. This can result in urinary incontinence.

Although overactive bladder can occur at any age, it becomes more common with increasing age and is more often found in women. This can be due to changes in cell function, the central nervous system and hormone balance.

It is also common amongst patients who have spinal injury and other neurological conditions such as multiple sclerosis.

It is diagnosed by your urologist usually with the aid of an investigation called urodynamics.

What is interstitial cystitis (IC)?

IC is a painful condition of the bladder which gives rise to the symptoms of recurrent cystitis, where there is no infection present.

Urology Nurses
01722 336262 ext 4866

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Treatment

You may already have tried other treatments for your condition that have not worked. For example, if your urologist has said you have an overactive bladder, you may have tried bladder re-training. You may have found that tablets you were prescribed have either not worked or given you unpleasant side-effects. In this case your urologist may suggest the condition is treated with Botulinum Toxin injections directly into your bladder.

How is Botulinum Toxin treatment to the bladder given?

You will be brought into hospital for a minor operation. If you do not have any serious underlying medical conditions, you will be able to go home on the same day as the treatment. You will undergo cystoscopy, which is an inspection of your bladder with a telescope. Once the lining of the bladder is clearly visualised, about 15 injections will be given into the bladder wall with a fine needle.

This treatment will be carried out under a light general anaesthetic or local anaesthetic. You must not eat anything for 6 hours before coming into hospital but you can continue to drink clear fluids (water or squash) up to 2 hours before.

When you awake from the anaesthetic, you may have a urinary catheter (a small soft tube) in your urethra that drains urine from the bladder. This is usually removed before you go home.

You will be able to resume a normal life once the anaesthetic is out of your system – 24 hours. During this time you should not drive a car if you have had a general anaesthetic.

What do I need to know before I decide to accept this treatment?

- the purpose of the treatment is to reduce the activity of the bladder muscle, thereby improving your symptoms of frequency, urgency and incontinence. As a consequence, you may not be able to empty your bladder fully in the normal way. This occurs in 50% of patients. Therefore you will need to learn to self-catheterise (pass a catheter in and out) to drain any excess urine. If this occurs you will need to be prepared to self-catheterise two to four times a day if necessary, once the treatment takes effect – usually about 48 hours after the operation. One of the urology nurses will teach you this technique before you have the operation. You will need to self-catheterise until your bladder is back to normal and emptying well, for some patients this may be for several months
- Botulinum Toxin treatment lasts about 6-9 months when it is usually necessary to repeat it. Further treatments can be performed with local anaesthesia
- you will be given an outpatient appointment 3 months after the treatment, to assess effectiveness and establish the need for ongoing treatment
- Botulinum Toxin is expensive and funding for long-term treatment is currently under discussion with the financing authorities.

What are the possible side-effects?

Generally

- blood in your urine

Urology Nurses

01722 336262 ext 4866

- urinary tract infection.

And rarely:

- generalised muscle weakness. This is usually short-lived and you will recover in time.

How should I look after myself following this operation?

- drink 1½ to 2 litres of fluid a day and increase to three litres if blood appears in your urine
- make sure that you have an adequate supply of catheters. Your urology nurse will help you with this.

If you have any of the following, you may have a urinary tract infection:-

1. a sensation that you need to pass urine very frequently
2. pain on passing urine, or severe discomfort when passing a catheter
3. cloudy or blood stained urine
4. offensive smelling urine
5. loin pain
6. flu-like symptoms.

If this occurs contact your GP who will take a specimen of urine and provide you with some antibiotics if necessary.

What happens if the treatment fails or ongoing treatment cannot be funded?

If the treatment does not work or the effect is short-lived and you require repeated treatments on a long-term basis, you may be offered:-

- clam cystoplasty – a major operation that involves enlargement of the bladder with a section of bowel.

Or

- sacral nerve stimulation - occasionally this is offered if appropriate. It involves implantation of an electrode which reduces bladder activity.

For further information

The Urology Nurse Practitioners:

Kate Chadwick

Daphne Philips

Jonathan Borwell

Telephone: 01722 336262 extension 4866 (answerphone)

In an emergency please contact your GP.

Urology Nurses

01722 336262 ext 4866

Urology Nurses

01722 336262 ext 4866