



# Advice following Botox treatment of the bladder

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**You have had an injection of Botulinum toxin (Botox) to treat symptoms of your bladder condition. This leaflet explains what to expect afterwards and what complications to look out for once you are home.**

**For more information about the procedure, visit the British Association of Urological Surgeons (BAUS) leaflet '[Botulinum toxin-A injections into the bladder wall](#)'.**

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## What is bladder Botox treatment?

This treatment is given by injecting Botox into the lining of the bladder. It is used to manage the symptoms of patients who have bladder issues, e.g. an overactive bladder – where you feel a sudden and strong urge to pee more frequently than normal. The procedure is done via a telescope into the bladder through your urethra (water pipe) and is usually carried out in an outpatient clinic under local anaesthetic (you are awake but an anaesthetic gel is used to numb the area). The Botox injections can sometimes be uncomfortable but the procedure only takes a few minutes.

It may sometimes be necessary to do the treatment under a general anaesthetic.

## What should I do when I go home?

Ensure you increase your fluid intake, preferably water, for the first 24 hours to minimise the risk of a urinary tract infection.

- You can return to normal daily life almost immediately.
- You may return to work when you are comfortable enough.
- You may notice:
  - A small amount of blood in your urine, i.e. a few small blood clots or pale pink tinge to your urine for up to 24 hours
  - Pain on passing urine for up to 24 hours.
- You should notice an improvement in your bladder symptoms after 3-4 days but it can take up to two weeks for the full effects to develop.

## Urine retention

If you are struggling to empty your bladder completely, you could be developing urinary retention (keeping too much urine in your bladder).

- If this occurs and **you have already been taught how to perform [intermittent self-catheterisation](#)**, pass a catheter into your bladder and record the amount of urine that drains out of your bladder (in mls). It is important to remember to wash your genital area with a cloth and warm water and to thoroughly wash your hands with soap and water prior to performing intermittent self-catheterisation. You should also wash your hands with soap and water afterwards.

- If you are able to self-catheterise, please ring us during office hours on 0118 322 8629, 8am-5pm Monday – Friday to let us know and to provide us with the urine drainage volume.
- If you are struggling to empty your bladder completely and **you are unable to self-catheterise**, you will need to contact Hopkins Ward on 0118 322 7771 / 7274 to get advice and you may need to attend to get a temporary catheter inserted.

You can phone this number at any time day or night as it is available 24 hours a day, 7 days a week – please ask to speak to the “Nurse in Charge”. If you are unable to contact Hopkins Ward, please visit the nearest A&E, contact your GP or dial 111 for advice. If you would like to be taught how to self-catheterise, should you experience urinary retention again in the future, we will arrange to show you how to do this in the near future.

## Urinary tract infection

If you develop a fever, frequent urge to pee or severe pain on passing urine, you may have developed a urinary tract infection. Please contact your GP to get your urine tested and an antibiotic prescription, if needed. If you are unwell out of hours, please call 111 or attend your nearest A&E.

## Contact information

For questions about appointments, call the Urology Clinical Administration Team on 0118 322 8629 (Mon-Fri 9.00am-5.00pm) or email [rbb-tr.cat3a@nhs.uk](mailto:rbb-tr.cat3a@nhs.uk).

Out of hours or if you need urgent medical advice, please contact 111/999 or attend your nearest emergency department (A&E).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

<b>Please ask if you need this information in another language or format.</b>
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