



# **BOTULINUM TOXIN TYPE-A (BOTOX): Treatment for an overactive bladder (under a local or general anaesthetic)**

---

**This information explains how Botox (Botulinum Toxin Type-A) is used to relieve the symptoms of an overactive bladder.**

---

## **How the bladder works**

The bladder is a muscle shaped like a balloon that is used for the storage of urine. In between visits to the toilet the bladder relaxes and fills up with urine. When you go to the toilet the bladder squeezes and the pelvic floor muscles relax to enable urine to pass through a tube called the urethra. There are two other muscles used to help keep the bladder healthy and prevent unwanted leakage. These are called the pelvic floor, which is made up of layers of muscles which provide support and hold the bladder in place and is found in both men and women. The second muscle is called a sphincter that is a circular muscle that goes round the urethra and forms a tight seal to prevent leakage. When you go to the toilet the sphincter muscle relaxes so you can pass urine.

## **Overactive bladder**

You have been diagnosed with an 'overactive bladder'; this is related to a disorder of the storage phase of the bladder. This is a common condition that affects quality of life and participation in social activities. The overactive bladder can cause symptoms such as:

- A sudden urge to pass urine (urgency).
- You may not get to the toilet in time (urge incontinence).
- A need to pass urine frequently, more than 8 times a day (frequency).
- A need to pass urine overnight (nocturia).
- Wetting the bed (nocturnal enuresis).

## **Treatment options**

- Some general lifestyle measures may help, such as cutting down on drinks containing caffeine, fizzy drinks and fruit juices. It is important to drink enough fluid each day, so try to drink at least 1.5 to 2 litres each day. If you drink less than this, then increase the amount you drink gradually. The acid in fruit juices can make problems worse for some people so it is about finding out what works for you. Do not cut down the amount you drink, because this makes your urine more concentrated and can make bladder problems worse.
- Bladder training.
- Pelvic floor exercises.

- Medication such as antimuscarinics (also called anticholinergics) or Beta 3 Agonists may help, usually in addition to bladder training.
- Your doctor is recommending for you treatment with a drug called Botulinum toxin Type-A, which you may have heard of under the brand name Botox.

## **Botulinum toxin Type-A treatment**

The treatment for your overactive bladder an injection of Botulinum toxin Type-A (produced by a bacteria called *Clostridium botulinum*) into the bladder muscle. This causes temporary paralysis or weakness in the muscle, which relieves the spasm and can reduce the symptoms linked to muscle spasm. The effect of the treatment is not permanent and usually wears off after about 9 months, but the benefits may last longer (or shorter) than this. The procedure can be done under local anaesthetics in our outpatients, or under a general anaesthetics in the operating room.

### **Local anaesthetic:**

This procedure involves an outpatient appointment and usually takes around 30 minutes in total. You will be given an appointment slot. You will then be asked to come into the clinic room and your consent for the procedure will be done, as well as confirming you have no symptoms of a urinary tract infections. You will then lie down on a couch and be given a local anaesthetic. You do not need to fast before arriving at the hospital or stop any medications. A flexible cystoscope (a thin tube with a camera on the end) will be inserted into the bladder to enable the healthcare professional to see the inside of your bladder. Then a needle is passed via the cystoscope and the Botulinum toxin will be injected into the bladder muscle.

After the procedure you will be able to go home immediately once you feel well.

### **General anaesthetic:**

This procedure involves a half day in hospital (in the Adult Day Surgery Unit) and a couple of days of discomfort. You will be given a general anaesthetic before the procedure so you will be asked to fast before arriving at the hospital – instructions will be included with your appointment letter. Once you are asleep, a cystoscope (a thin tube with a camera on the end) will be inserted into the bladder to enable the doctor to see the inside of your bladder. Then a needle is passed via the cystoscope and the Botulinum toxin will be injected into the bladder muscle.

After the procedure you will be monitored until you are full awake. You will normally be able to go home the same day.

## **Risk and complications**

This is a quick procedure with minimal discomfort. However, as with any procedure involving the insertion of equipment into a sterile area (the bladder) there are associated risks, such as pain, bleeding and infection. The botox may also work too well and you cannot urinate; this is called urinary retention and may require a catheter (either one that stays in, or we teach you how to self-catheterise) until you can pass urine normally again (see below).

## Aftercare

- If performed under a general anaesthetic, the anaesthetic drug remains in your body for up to 24 hours after your procedure and over this period you may feel tired and drowsy – you will be given a leaflet on recovering after a general anaesthetic from the day surgery unit.
- You may experience symptoms of cystitis for 24 to 48 hours after the procedure. If you do feel that you are becoming unwell with symptoms of a urine infection – such as feeling unwell, having persistent cystitis – contact your GP for further antibiotics. Mild painkillers such as paracetamol can be taken to control any discomfort. It is advisable to take things easy for a couple of days and just be aware of any change in your bladder habits or signs of reduced flow or poor emptying. The risk of infection is less than 1 in 20.
- There is a possibility that the injected treatment may cause excessive bladder relaxation that in turn would stop you emptying the bladder yourself. This is unlikely in women (1 in 10 cases) and more common in men (less than 1 in 3 cases). It usually occurs shortly after the injection into the bladder and is linked to the number of injections as well as the dose. If your bladder starts to feel full, you may feel bloated, have a headache, feel restless, have cold toes, arms or legs, and look flushed. In such an event, you would need to have a urinary catheter (a small narrow flexible tube) inserted into the bladder. This tube is inserted via the urethra (the passage that connects the bladder to the outside of the body) in order to drain urine from your bladder. If we teach you how to perform this yourself with a disposable one time use intermittent catheter, this is known as clean intermittent self-catheterisation 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. A urology nurse will teach you this technique should you require it.

## Further information

[www.cobfoundation.org](http://www.cobfoundation.org)

The Cystitis and Overactive Bladder Foundation provides information and support to sufferers of bladder problems, including interstitial cystitis, bacterial cystitis and overactive bladder.

Please also visit the British Association of Urological Surgeons website to view [Botox.pdf \(baus.org.uk\)](#), which complements this leaflet.

## Contact us

If you have any questions or concerns about your procedure, the Frederick Potts Unit (Urology Department) can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team (CAT 3a) Tel: 0118 322 8629 or email [rbb-tr.CAT3A@nhs.net](mailto:rbb-tr.CAT3A@nhs.net). Telephone Hopkins Ward on 0118 322 7771 at other times.

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>
---

RBFT Urology, September 2025

Next review due: September 2027