

# BOTULINUM TOXIN TYPE-A (BOTOX): Treatment for 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 'over active 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. 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) 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 involves about 5 Botulinum toxin Type-A injections into the bladder muscle from the inside, causing temporary paralysis or weakness in the muscle. This 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 than this.

This procedure involves a short appointment at the hospital and a couple of days of discomfort. Following application of an anaesthetic (numbing) gel, 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.

### 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 bleeding and infection.

### Aftercare

The effects of the Botulinum toxin usually take between three days to three weeks 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 longer. Repeated injections will be required each time the effects wear off.

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 1:20.

There is a possibility that the injected treatment may cause excessive bladder relaxation that in turn would stop you emptying the bladder yourself. This affects between 1:10 (women) and 1:3 (men). This 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 unlikely 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. 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.

The Urology Procedures Department can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team 0118 322 8629 or Hopkins Ward on 0118 322 7771 at other times.

### 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.

More information is available on the Trust website [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and formats upon request.

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