



The British Association of Urological Surgeons

Botulinum toxin-A injections into the bladder wall

A guide to Botox bladder treatment

This leaflet gives you simple, easy-to-read details about your procedure. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- Some people need to pee often or suddenly. Sometimes this means they leak pee before they can get to the toilet.
- We call this an overactive bladder.
- These injections help people with an overactive bladder.
- The injection uses a medicine called Botulinum toxin-A. We sometimes call this Botox.
- The doctor puts a few injections into the wall of your bladder.
- The injection goes into your bladder using a tiny camera.
- The camera goes into the bladder through the tube where pee comes out. We call this your urethra.
- The injections may feel a bit uncomfortable. They only take a few minutes.
- Most people have this done while they are awake. We use a gel to make your urethra numb. Most people cope well with this procedure.
- Some people find it hard to fully empty their bladder afterwards. If this happens, you may need to use a soft tube to drain your bladder a few times a day. We call this a catheter.
- You may need to do this for a few weeks or months.
- The most common problem after the injections is a bladder infection.
- The injections usually help for between 4 and 9 months.
- You can have more injections to keep the effect going.

What is an overactive bladder?

Some people have an overactive bladder. If you have an overactive bladder,

- You may have a strong and sudden need to pee. You may not be able to wait. We call this urgency.
- You may need to pee more often than usual. This happens even if your bladder is not full.
- You may wake up more than once during the night to pee.
- You may leak pee before you can get to the toilet. We call this urge incontinence.

What does this procedure involve?

The doctor uses a thin tube to look inside your bladder. The tube has a camera on the end. We call this tube a cystoscope. They pass this tube through your urethra (water pipe). Then they give a few injections of Botox into the wall of your bladder.

Botox helps your bladder muscle stay relaxed. This means your bladder can hold more pee. You may find it easier to wait before going to the toilet. If you leak pee because of urgency, this may get better or stop.

There is one type of Botox that we use. How much we give depends on the reason for your bladder problem:

- If there is no clear cause, we usually use 100 units.
- If your bladder problem is caused by nerve damage, we may use 200 units. Nerve damage may be caused by brain problems such as a stroke or a spine problem.

What are your other options?

Non-surgical options. This is where no operation is needed.

These avoid the risks that come with surgery. Your options include:

- **Pads to soak up the leaks.** This is a good choice if the leaking does not bother you.
- **Bladder training.** This helps your bladder get used to holding more pee. It teaches your bladder to wait before you go to the toilet, even if you feel the urge. If it works, you won't need to go to the toilet as often. You can find more information [here](#).
- **Lifestyle changes.** Weight loss, cutting down or stopping caffeine and alcohol, and stopping smoking. These can help some people.
- **Medicines.** There are some tablets that help calm your bladder. You can find more information [here](#).

If these do not work, you may try other treatments, such as:

- **Nerve stimulation.** We call this sacral neuromodulation. The doctor puts a small electronic device inside your lower back. This sends signals to your brain. It helps to control bladder nerves. You can find more information [here](#).
- **PTNS.** This stands for posterior tibial nerve stimulation. This is different to sacral neuromodulation. Gentle electric pulses are sent to a nerve near your ankle. This is not easy to get on the NHS. You can find out more information [here](#).
- **Enterocystoplasty.** This operation makes your bladder bigger so it can hold more pee. To do this, the doctor takes a small piece of your bowel and stitches it onto your bladder. It is a big operation.

What happens on the day of the procedure?

Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.

What happens during the injections?

- The doctor puts gel in your urethra. The gel makes it go numb. Sometimes, we give medicine to make you sleep.
- The doctor passes a cystoscope through your urethra into your bladder.
- They give a few injections into the bladder wall.
- Most people do not find the injections painful. Some people feel a little uncomfortable.
- You can usually go home the same day.
- The injections start to work in a few days. It may take about 2 weeks for them to work fully.
- Some people find it hard to cope with the injections whilst they are awake. If this happens, you can have it done whilst you are asleep. We call this a general anaesthetic. Sometimes, the doctor will advise this in the first place.

How well do the injections work?

About 7 out of 10 people get much better after the injections. This means that their urgency and leaking are either much better or cured.

The treatment takes a few days to start working. The effects last for between 4 and 9 months. After that, your symptoms may come back. You can have more injections when this happens. There is no set limit to how many times you can have them. Most people find that repeat injections work well.

Possible after-effects of the procedure

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

Almost all people:

- The helpful effects of the injections usually last between 4 and 9 months. Your symptoms may come back. You may need more injections.
- You may get a mild burning feeling when you pee. This should go away after a day.
- You may see some blood in your pee. This usually stops in a few days.

Common problems. These happen to more than 1 out of every 10 people:

- The injections may not help. Some people find that their bladder symptoms do not get better.
- You may find it hard to pee after the injections. This is more likely if you had a higher dose. If this happens, you may need to use a soft tube to empty your bladder a few times a day. We call this tube a catheter. Doing this a few times a day is called intermittent self-catheterisation.
- You may get a bladder infection afterwards. If this happens, you may need antibiotics.

Occasional problems. These happen to about 1 in every 50 people:

- You may get a bladder infection that keeps coming back. If this happens, you may need medicine each time to help treat the infection.

Rare problems. These only happen to about 1 out of every 250 people:

- You may have an allergic reaction to the injections. This can cause problems with breathing, swallowing or speaking. If this happens, emergency care is provided straight away.
- You may feel weak in your arms or legs after the injections. This usually gets better on its own and does not need treatment in hospital.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

What happens before you go home?

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

What should you expect when you get home?

- You will get a summary of your hospital stay. Your GP will get a copy too.
- You may need some tablets. The doctor will give them to you before you leave.
- You can go back to your normal daily life almost straight away.
- You can go back to work when you feel ready.
- You should get medical help:
 - if you get a high temperature
 - if you need to pee very often
 - if you get bad pain when you pee
 - if you cannot pee at all
 - if you see a lot of blood in your pee

General information about your operation

Before your operation

- Tell your team if you have implants. These are things like:
 - a pacemaker

- a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.
- You cannot have these injections if you are pregnant. You cannot have them if you are planning to become pregnant. This is because we do not know how the medicine might affect the baby.

Smoking and surgery

Smoking makes some bladder and pee problems worse. Smoking makes some surgery riskier. Stopping before your procedure helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, tell the DVLA. You should also check with your insurance company before driving again.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/9q5s3b>

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk

100%
