

- patients who get good symptom relief may be able to have repeat treatments.
- It is hoped that any subsequent treatment will be arranged as soon as your bladder symptoms begin to return, therefore, it is important to keep in touch with the continence nurse and inform them as your symptoms change.

Advice and support

You can contact the continence/urology nurses directly:

| | |
|-------------------------|--------------|
| Lincoln County Hospital | 01522 573768 |
| Boston Pilgrim Hospital | 01205 446545 |
| Grantham Hospital | 01476 464363 |
| Louth County Hospital | 01507 631212 |

If there is no-one in the office you can leave a message on the answerphone. If it is out of hours and you require help you should call 111, or if an emergency attend Accident and Emergency.

Useful helplines

The Bowel and Bladder Foundation
www.bladderandbowelfoundation.org

The Cystitis and Overactive bladder Foundation
www.cobfoundation.org

References

If you require a full list of references for this leaflet please email
patient.information@ulh.nhs.uk

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

Botox

A treatment for overactive bladder

www.ulh.nhs.uk

Aim of the leaflet

This leaflet aims to tell you about the treatment for an overactive bladder using Botox and to tell you what will happen.

What is overactive bladder? (OAB)

- Overactive bladder is a condition whereby the bladder muscle contracts too frequently whilst the bladder is filling with urine.
- This can cause a sudden, sometimes uncontrollable urge to go to the toilet, even when the bladder is empty.
- Patients may be offered Botox treatment after all other treatments have been unsuccessful in relieving their symptoms.

What is Botox? (Botulinum Toxin)

- Botox is a substance derived from botulinum toxin that works by preventing nerve impulses from reaching the bladder, causing the bladder muscle to relax.

The Procedure

- Surgery is carried out using either general or local anaesthetic; you will have a discussion with your surgeon and anaesthetist to decide which you will be having.
- The Botox is put into the bladder wall via an injection. The surgeon will distribute the drug into approximately 20 separate sites to ensure coverage.
- The effects of the Botox may take a few days to be fully effective, but most patients get an immediate response.

Intermittent self catheterisation

Prior to surgery you will have been taught how to self-catheterise. This will come as a separate appointment. The

- Botox can block all of the nerve impulses causing you to develop urine retention, or incomplete emptying of the bladder.
- Sometimes it will mean that only a small amount of urine is left behind (up to 200mls); if left in the bladder this can cause urine infection. You may not get any symptoms of this, but if you do, you may only need to use a catheter once/twice a day for this.
- If unable to pass urine at all or through straining only, you will need to use a catheter more often, up to 4 times a day until the effects of the Botox wears off.

What are the side effects?

- Blood in the urine and post-operative pain are the most common symptoms observed following a toxin injection.
- Urine retention (you will need to self-catheterise for this).
- Mild flu like symptoms; these can last for up to a week.
- Generalised weakness and transient muscle weakness, sometimes lasting up to 4 to 6 weeks.

How long will the Botox last?

- This can vary from patient to patient and dependent on severity of symptoms and the amount of injections put into the bladder. We would expect that you would remain symptom free for approximately 6 to 9 months.

Follow up

- You will be seen by the continence nurse 4 to 6 weeks after your surgery. If you have an urgent enquiry you can contact the urology nurses direct on the numbers provided.

Can I have more treatment in the future?

Yes, as the effect of Botox is temporary not permanent,