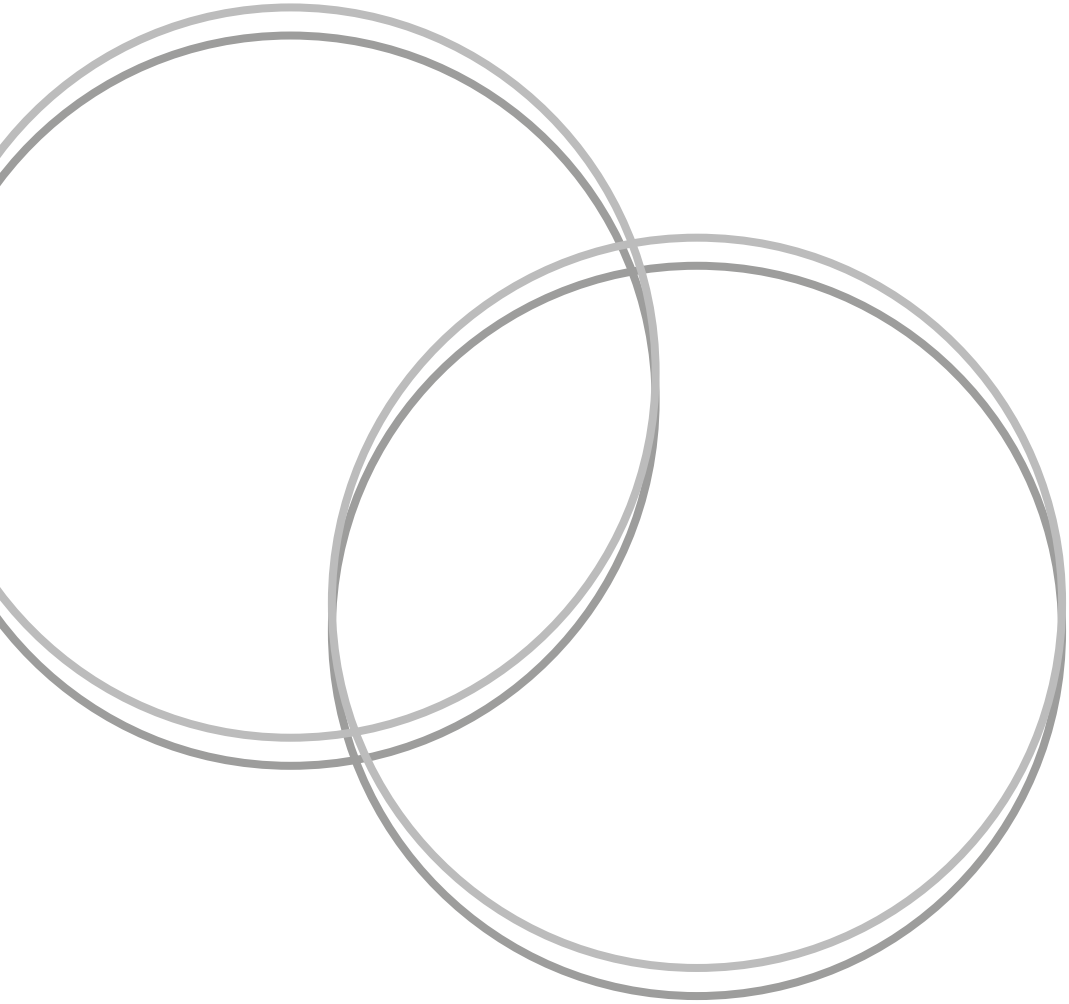
Oxford University Hospitals
NHS Foundation Trust

Urology Bladder Botox

Information for patients



Why have I been given this leaflet?

You have been given this leaflet as you have been referred for bladder botox injections to treat your overactive bladder and/or neurogenic detrusor over activity.

You will have already tried previous treatments, such as lifestyle advice and medication, but these may not have worked or have not worked to a satisfactory level.

This leaflet may answer some of your questions and help you to prepare for the procedure.

What is overactive bladder?

Overactive bladder is a set of symptoms, predominantly urgency with or without urge incontinence (a desperate need to pass urine which may occasionally result in a leak of urine) but may also include frequency (the need to pass urine more often).

What is neurogenic detrusor over activity?

Neurogenic detrusor over activity is diagnosed with a urodynamic test which demonstrates that the detrusor (bladder wall) muscle is contracting/squeezing abnormally. Neurogenic detrusor activity is often diagnosed in individuals with an underlying neurogenic cause such as a spinal cord injury, brain injury or Multiple Sclerosis.

Both overactive bladder and neurogenic detrusor activity result in the bladder sending signals to the brain that the bladder needs to be emptied, leaving little or no time for the individual to reach the toilet in time. For individuals with reduced or no sensation this can result in uncontrolled leakage without knowledge of the need to go to the toilet. For others who are catheterised or perform intermittent self catheterisation this can result in the catheter bypassing or leakages.

Symptoms of bladder over activity can have a profound effect on an individual's quality of life. Bladder botox is aimed at reducing any urgency and/or urge incontinence.

What is bladder botox?

Bladder botox (also known as Botulinum Toxin A) works by helping to relax the bladder wall muscle (detrusor muscle) and stops it from contracting (squeezing) too much which can result in your urgency and/or incontinence symptoms.

Due to the associated risks of retention (the inability to empty your bladder, or not empty your bladder enough) with bladder botox you will be referred to the specialist nursing team who will teach you how to self-catheterise. If you are unable to insert an intermittent catheter the clinician will talk to you about the risks of retention and whether you would accept a long term catheter until the bladder botox wears off (on average 6-9 months time but often you will be catheter free much sooner). If you already have a long term catheter in place then this is not a requirement.

What happens during my appointment?

You can expect to be in the department for approximately 30 minutes to 1 hour from the start of your appointment time.

Please eat and drink as normal before the appointment.

If you are booked for your procedure as an outpatient you will be seen in either the Urology Outpatient Department or in the Day Case Surgery Department. Both appointments are exactly the same and there is no difference in the procedure.

Your clinical team will generally consist of the cystoscopist (nurse or doctor who is trained in delivering bladder botox through a flexible cystoscope (camera)), a registered nurse and a clinical support worker. As a teaching hospital there may be trainees present in the room.

- You will need to bring a fresh urine sample (less than 2 hours old) or provide a urine sample when you arrive for your appointment. If you have a permanent catheter this is not required.
- If at any time in the two weeks before your bladder botox appointment you develop any signs of a urine infection (burning, cloudy, offensive smelling urine) or you feel unwell, please speak to your GP or Practice Nurse. Unfortunately, you will be unable to undergo bladder botox injections if you have a suspected urine infection on the day.

****If you have been treated for a urine infection in the 2 weeks before your appointment please contact the Benign Urology Nursing team to discuss prior to attending. ****

The nurse or clinical support worker will check your urine sample using a urinalysis strip. If the urinalysis test indicates a urine infection the bladder botox injections will need to be postponed. If you have any signs of a urine infection please let your clinical team know.

We will ask you some questions about your general health to check that there are no reasons why you can't have your bladder botox.

Please let your nurse or clinician know if any of the below apply to you:

Contraindications to bladder botox (reasons why botox cannot go ahead):

- Current urine infection
- Acutely unwell
- Maximum dose of 400 units Botox in a 12-week period (including cosmetic). We can liaise with other services about co-ordinating your doses to ensure collaborative, shared care planning.
- Botox contains Human Serum Albumin (HSA) therefore it is unlikely to be suitable for a Jehovah Witness
- Pregnant, breast-feeding or trying to conceive
- Allergy to Botulinum toxin type A or to any of the ingredients

Special considerations which the clinician will consider with bladder botox:

- Immunocompromised (high dose steroids, methotrexate, DMARDS or ibrutinib)
- Anticoagulation/antiplatelet treatment (warfarin, heparin, dalteparin, aspirin, clopidogrel, ticagrelor, rivaroxaban, apixaban, dabigatran, edoxaban).

****Please contact us before your appointment if any of these apply to you****

What happens during the procedure?

We will explain the procedure and the risks and side effects associated with both the procedure and botox. You will have the opportunity to ask any questions. If you are happy to proceed you will sign a consent form.

Your clinician will have prescribed a dose of botox that is clinically indicated to manage your symptoms. Generally, this starts at 100 units for overactive bladder and 200 units for neurogenic detrusor over activity, but the dose may be lower or higher. The nurse administering the botox will draw up the botox.

You will be asked to undress from the waist down (keeping your top half of clothing on) and lie on your back on the examination couch. You will be provided with a towel, sheet or paper to maintain your dignity. If you require any assistance transferring onto the couch this will be provided.

If you prefer to change into a patient gown this can be provided, please just ask.

The cystoscopist will use some lubricating jelly (may contain chlorhexidine/lidocaine) into the urethra (water pipe) to make it more comfortable passing the flexible cystoscope (camera). You may feel some temporary burning/stinging/coldness which usually passes quickly.

The cystoscopist will gently insert the camera through the urethra and into the bladder. The cystoscopist will check for any concerning features such as stones, signs of active infection or potential tumours. If there are no concerns identified, a needle will be passed through the middle of the camera tubing and the bladder botox will be administered in several areas throughout the bladder wall. The number of injections sites may vary from 5-40 (on average 10-20 injection sites).

Once the injections have been completed we will either empty your bladder using the camera tubing and a syringe, or simply remove the camera and you can void naturally in the toilet.

The procedure itself will only take 5-10 minutes.

In the unlikely event that anything concerning is identified the clinician will discuss and make a plan with you and botox will not be administered.

Once completed, you will be provided with some wipes/a towel to clean away any gel (or we will assist you if needed) and you can then get dressed. We would suggest that you pass urine in the department (if we have not emptied your bladder) before leaving.

We will discuss your next appointment with you, which may be:

- A telephone call to review the outcome of your bladder botox
- A routine appointment for a repeat procedure
- An 'open appointment' whereby you email/call us to let us know when you are ready for more botox.

What are the risks of the procedure?

- Discomfort - You will very likely experience stinging or burning when you pass urine after your procedure. You may also see small amounts of blood in your urine. This is perfectly normal and to be expected. You should drink plenty of fluids, mainly water, to help dilute your urine and ease your symptoms. In the very rare event that you start passing blood clots following the procedure you would need to contact your GP/111 or Urology Triage immediately for advice.
- Urinary Tract Infection (UTI) – If, in the days after your test, you develop signs of a urine infection (~2%) you will need to contact your GP, practice nurse or out-of-hours service urgently. If you have developed an infection you will need to be assessed and treated.

- Urinary retention - There is a risk of the bladder botox being so effective resulting in urine retention (the inability to empty your bladder completely or unable to void at all). If you have been taught how to self catheterise then you will need to start catheterising with the supplies provided by your nursing team. If you have any questions about this please contact us immediately for support. If you were unable to learn self catheterisation but accepted the risk of urine retention resulting in a long term catheter, you would need to speak to your GP/111 or Urology Triage urgently.
- Flu like symptoms – there is a small risk of flu like symptoms in the days following the procedure which should resolve on their own. If you are concerned, please contact us for advice.
- There is a small risk of allergic reaction.
- There is a very rare risk of botox travelling to other areas of the body causing paralysis, weakness, blurred vision and difficulty with breathing and swallowing.
- Constipation, muscle weakness, insomnia and tiredness, particularly in individuals with multiple sclerosis.
- Autonomic dysreflexia – in patients with a spinal cord injury who are at risk due to the level of their injury.

Are there alternative treatment options for overactive bladder?

Yes, but not in Oxfordshire. Bladder botox is currently the only 3rd line treatment option that we offer here in the Oxford University Hospitals. Other treatments available at other NHS Trusts include sacral nerve stimulation (SNS) or percutaneous tibial nerve stimulation (PTNS). If this is something you wish to consider please mention it to your clinician and we can refer you to the regional hospitals.

How to contact us

If you have any questions please contact:

Urology Advanced Nurse Practitioner team:

Call:
01865 234 390 (Monday-Friday 7:30am-3:30pm)
Please leave an answerphone message if there is no answer

Or email:
Urology.botox@ouh.nhs.uk

If you cannot make your appointment or need to rearrange please call:

Urology benign nursing team:

01865 234 390 (Monday-Friday 7:30am-3:30pm)

For urgent urological emergencies Urology Triage can be contacted on: **01865 227205**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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