



For Appointments Call: 08 8267 1424

Botox (Botulinum Toxin) Injection into Bladder

What is Botox?

Botox is the brand name for a form of Botulinum toxin. When injected into the bladder lining, it inhibits bladder muscle contraction and can help with symptoms of urgency and urgency incontinence.

Who is suitable for Botox?

- Patients with a diagnosis of overactive bladder who suffer from a strong urge to pass urine (associated with urinary incontinence) that does not respond to medication. Botox injections may produce good symptom relief.
- Patients with neurological problems causing an overactive bladder and/or high pressure in the bladder. Neurological conditions that affect the bladder include:
 - Spinal Cord problems
 - Stroke
 - Multiple Sclerosis
 - Parkinson's disease

It is a well-tolerated procedure, but the effect is temporary, and injection may need to be repeated after approx. 9 months.

Who is suitable for treatment with Botox?

Men or women with the symptoms or problems mentioned above may be suitable for Botox injection into the bladder. Generally, patients should have gone through a series of other treatments such as bladder physiotherapy

and/or bladder retraining, have tried oral medication for their symptoms, and have failed these treatments before Botox is considered.

How is Botox given?

Botox is injected over a wide area of the lining of the bladder as a number of small injections. A fine needle is passed down a cystoscope to allow injection and can be performed [local](#) or [general](#) anaesthesia.

After the procedure

Most cases are performed as day case, with the occasional patient needing an overnight stay if there are other medical reasons they should not go home the same day. The effects of Botox are not immediate, and can take a week to be noticed. By 2 weeks, you should be noticing most of the benefits.

Special note on the possible need for intermittent self-catheterisation

Because Botox inhibits the action of bladder muscle, it is possible that the effect may be too much for your bladder, and that you may not be able to pass urine normally for as long as it takes the effect of Botox to wear off (this can be as long as 9 months). This is rare, but if it occurred, you would need to perform intermittent self-catheterisation (ISC) (see [ISC for males](#) / [ISC for females](#)) for this period of time. It is usual for you to be taught ISC before you have Botox to ensure that, in the rare event that you were affected in this way, you would be able pass a catheter yourself.

Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

Common

- A burning sensation and/or a small amount of blood in the urine for a short period afterwards

Occasional

- Infection in the bladder requiring antibiotics
- The injection may not help your symptoms

Rare

- Temporary insertion of a catheter if you are unable to pass urine immediately after the injection. You may then need to spend a period of time performing intermittent self-catheterisation (see [ISC for males](#) / [ISC for](#)

females)

Very rare

- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Infection from the bladder causing sepsis
- Allergic reaction to Botox
- If Botox is inadvertently injected into a blood vessel, there is the possibility of effects on other organ systems

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact the practice immediately. If out of hours, please go to your nearest emergency department.

Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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