

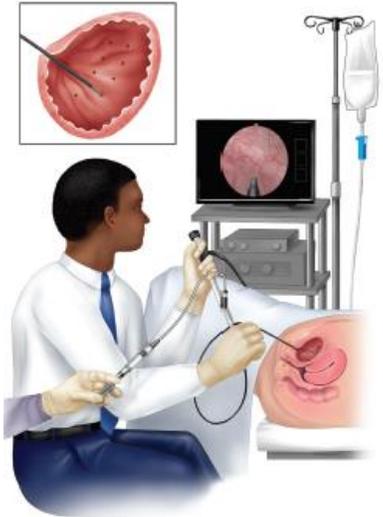
Bladder Botox® Injections: Patient Information

About Botox: Botox® is a drug made from a toxin produced by bacteria that is called botulinum toxin. Botox® was first approved by the FDA in the 1980s and has been used in urogynecology since the 1990s. It is used medically to treat certain muscular conditions and cosmetically to remove wrinkles by temporarily paralyzing muscle. You may know Botox® as a cosmetic treatment for wrinkles in the skin of the face.

Involuntary contractions of the muscle of the bladder wall, called the detrusor muscle, can lead to symptoms including urinary urgency, frequency and incontinence. Botox® relaxes the bladder muscle so that your bladder can hold more urine, giving you more time to make it to the bathroom without leaking.

We may suggest Botox® for urgency urinary incontinence or overactive bladder if other treatments such as physical therapy and medicines were not helpful. Women who are pregnant or have certain neurologic or muscular disorders may not be good candidates for Botox®.

Most women find that Botox® treatments slowly wear off over time. Many women find symptoms return in three to twelve months. At that time the procedure can be repeated.



These are some of the risks of Botox®

- Blood in the urine right after the procedure. Small amounts are a normal, temporary side effect
- Urinary tract infections – Fewer than 15% of women who have Botox® treatment need treatment for UTIs
- Difficulty emptying the bladder (called “urinary retention”) – Women who experience this, need to catheterize themselves or wear a catheter temporarily. This happens about 6% of the time and is never permanent
- Allergic reactions to Botox® such as trouble breathing, vision problems and generalized weakness, all of which are rare

Alternatives to Botox

- Behavioral adjustments in fluid intake and frequency of voiding
- Pelvic muscle physical therapy
- Medications such as oxybutynin (Ditropan, Ditropan XL, Gelnique), solifenacin (Vesicare), mirabegron (Myrbetriq), trospium (Sanctura), darifenacin (Enablex) and tolterodine (Detrol) are used to treat urgency and urge incontinence.
- These options will usually have been tried without sufficient benefit before Botox® is considered.
- Neurostimulation of the sacral nerves (Interstim® or Axonics®) is another option for urgency/frequency and urge incontinence.

Is it covered by my insurance? Currently Botox® is only FDA approved for use in women with overactive bladder syndrome or “neurogenic bladder” (those with underlying neurologic disorders). Depending on your underlying diagnoses and insurance policy, your insurance may not cover the cost of the procedure, but the vast majority do cover these procedures if prior treatment with medication has been unsuccessful or not tolerated because of side effects. Our office will get preapproval to confirm your eligibility before the injection is scheduled.



Before the Procedure:

- Usually there are no restrictions on eating or drinking before the test. You can drive yourself to and from your appointment, and even return to work afterwards.
- To see if you have a bladder infection, you will need to give a urine sample before your test. We ask that you leave a urine sample the week before the test. In addition, come to the procedure with a comfortably full bladder since we will ask you to provide a urine sample to check your urine again before the procedure.
- Typically, you do not need to stop taking any medications before the procedure. Please call our office if you have any specific questions.

During the Procedure:

- During the procedure you will get undressed from the waist down and a sheet will be placed on the lower part of your body. You will be given a dose of an oral antibiotic before the procedure.
- Before the injection, the medical assistant will squeeze some lubricating and numbing gel into the urethra, followed by local anesthetic fluid. This fluid will sit for about 20 minutes in the bladder to maximize comfort during the injection.
- A cystoscope is then inserted into the urethra and sterile water is used to fill the bladder and give a clearer picture. As the cystoscope passes through the sphincter there may be momentary stinging.
- The Botox[®] injection needle is very small and is inserted through the cystoscope until it can be seen by the doctor at the end of the scope on the screen. The doctor then administers a series of injections of Botox[®] evenly into the bladder muscle
- The procedure, once started, should take approximately 5 minutes and the doctor carrying out the procedure will explain everything to you as it happens.

Take Away Points

Botox[®] is an effective treatment of urgency urinary incontinence and overactive bladder

Botox[®] injections are usually performed in the office. You do not need general anesthesia or a hospital stay. You can usually drive yourself and can return to work immediately after the procedure. Most people do not find the injections painful

Some women find long-term relief of urgency urinary incontinence and overactive bladder with a single injection. Others find that treatment wears off after three to 12 months and may need repeat procedure

After the Procedure:

- After the procedure, you may feel mild burning when you urinate. This usually lasts for about one day. To help relieve the burning feeling, take a warm bath or apply a warm damp washcloth to the area of your urethra. If you need additional pain relief, you may purchase Pyridium[®], which is an over the counter medication. This medication can be taken up to three times a day and may help alleviate any burning. This medication will turn your urine bright orange and may stain underwear so you may want to wear an absorbent pad.
- A small number of women develop a urinary tract infection (UTI) after the test. To help avoid getting a UTI, drink extra fluid after the test.
- Call our office if pain lasts more than a few days. Also call our office if you have signs of a UTI such as pain when you urinate, smelly or cloudy urine, fever, or chills.
- Most women return to normal activities within a few hours or a day after the procedure.
- Urinary retention may occur at any time during the first 1-2 weeks after the procedure but is uncommon. If you feel unable to empty your bladder, or feel uncomfortably full, please call our office to discuss these symptoms with a physician. These symptoms may indicate urinary retention and might require that you return to the office, or emergency room (if after hours) to receive a catheter.