



Botox Injections for Overactive Bladder

What is overactive bladder?

Overactive bladder (OAB) is a chronic condition that causes symptoms of frequency, urgency and nocturia (getting up more than once overnight to pass urine). Women can experience leakage of urine (urge incontinence) associated with these symptoms. Please see the UGSA Patient Information Sheet “Overactive Bladder” for more information.

What is Botox?

Botox is often used in the cosmetic industry to treat wrinkles (frown lines). Botox is the trade name for Botulinum Toxin Type A – a specific protein harvested from a bacterium called *Clostridium botulinum*. We use minute amounts of this protein in various settings in the medical field, including treatment of eye problems, chronic pain, migraines and OAB.

How do Botox injections in the bladder work?

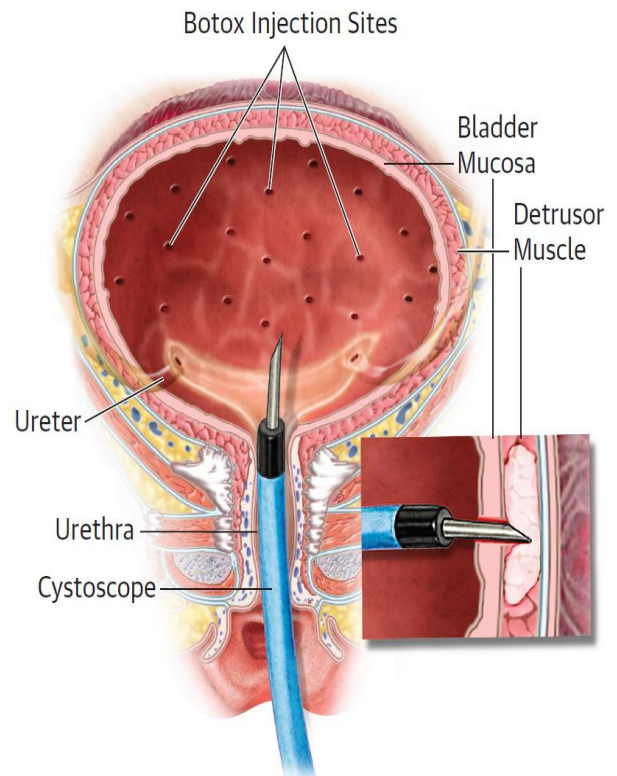
In the cosmetic industry, Botox works by relaxing the muscles that cause the wrinkles. Similarly, Botox relaxes the bladder muscle and prevents the bladder spasms associated with OAB. Botox treats various types of OAB, including neurogenic (due to nerve problems such as multiple sclerosis or spinal cord injuries) or idiopathic (where no cause has been identified). By reducing the spasms in the bladder muscle, your bladder can hold in larger volumes of urine. This means that you do not have to pass urine so often and that you have more control over your bladder when it is full. About 70% of women, who did not improve with medication, will experience some improvement of their bladder symptoms with Botox injections.

Who can have Botox injections?

In Australia, very strict criteria exist to qualify for Botox injections in your bladder. Your OAB symptoms have to influence your life significantly. Your gynaecologist may want to perform urodynamic studies to confirm the diagnosis. You should have tried and failed treatment on two different medications. If you fulfil these criteria, you may have Botox injections up to twice a year. You will have to pay your usual prescription fee for the Botox.

How is the treatment done?

Your gynaecologist will discuss the treatment with you in detail. You will have to sign a consent form. The injections are done cystoscopically – this means a small camera is placed into your bladder and a fine needle is used to perform the injections as shown in the diagram.



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The procedure takes about 10 minutes. It can be performed under general or local anaesthetic. The benefit of local anaesthetic is that you avoid the risks associated with a general anaesthetic. Some women can only hold very small amounts of urine in their bladders – for these women it is preferable to have the injections under general anaesthetic.

How long does the treatment last for?

The duration of the treatment effect varies from patient to patient. Some women require the injections once a year whereas others find the effect has worn off after 3 or 4 months. Your gynaecologist will evaluate you regularly to gauge when the next injection should be done.

It is important to note that the injections **do not work immediately**. You may only notice a difference after a week or 10 days. Your gynaecologist will arrange a review after a week or two to see how your bladder function has changed.

What are the risks of the Botox injections?

There is a small risk of developing a bladder infection after the procedure. Contact your gynaecologist or local doctor if you are concerned about symptoms of a bladder infection. You may also have blood staining in your urine for the first day or two after the injections – this is normal. If it continues for more than three days, please see your local doctor.

The injections can work too well in relaxing the bladder muscle, making it difficult to empty your bladder. This is called a voiding dysfunction (See the UGSA Patient Information Sheet “Voiding Dysfunction”). Your gynaecologist will see you about two weeks after the treatment to evaluate your bladder emptying. If you have developed a voiding dysfunction, you may need to use catheters to empty your bladder two or three times per day (this is called intermittent self-catheterisation or CISC). About 5% of women have to perform CISC after Botox. Your bladder will usually return to its normal function when the treatment starts to wear off.

There is a chance that the injections may not improve your symptoms at all. Your gynaecologist will discuss alternative treatment options with you should this be the case. Occasionally, it is possible to try a higher dose of Botox, but it can only be done after 6 months or more. In the meantime, you could use medication (See our Patient Information Sheet on Treatment of Overactive Bladder).

Rare risks include allergic reactions and anaphylaxis, a skin rash and generalised muscle weakness.

For more information:

www.ugsa.org.au – Patient Information Sheets on Overactive Bladder, Treatment of Overactive Bladder, Urodynamic Studies, Cystoscopy, Urinary Voiding Dysfunction.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.