



Patient Information Leaflet

Information for women undergoing Botulinum Toxin Bladder injections (BOTOX)

Produced by:
Gynaecology Department

Date: December 2017
Review due: December 2020

If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

Introduction

This leaflet answers some of the questions you may have about having injections of botulinum toxin in your bladder. It explains the benefits, the risks and the alternatives as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to one of the doctors or nurses caring for you.

What are botulinum toxin bladder injections?

Your doctor will pass a cystoscope (small telescope) into your bladder through your urethra (the tube that urine passes through from your bladder before leaving your body). The cystoscope has a tiny camera on one end, so they can see an image of the inside of your bladder on a screen. They then pass a fine needle through the cystoscope and inject botulinum toxin into 10–20 different spots in the wall of your bladder.

Botulinum toxin works by temporarily paralysing small areas of your bladder, making it less sensitive/stopping it from working so hard.

Why do I need botulinum toxin injections?

You have urinary problems such as incontinence and needing to go urgently and often. These injections aim to reduce these symptoms. They usually take between three days and three weeks to work, so you will not notice a difference straight away.

Most people find the injections work for 6–9 months, although they can last longer. You will need more injections each time the effects wear off.

What are the benefits?

These injections can help stop incontinence and prevent symptoms such as feeling that you need to go to the loo urgently or often.

What are the risks?

There are risks from having the cystoscope put in your bladder and from the botulinum toxin itself. After having a cystoscope in your bladder you may:

- Find a very small amount of blood in the urine. You usually stop bleeding within 24 hours. Very rarely you may need to come back into hospital for more treatment because of the bleeding. If you keep bleeding for more than 48 hours or you have large blood clots which are difficult to pass, contact our Urogynaecology Department or your own GP for advice straight away.
- Get a bladder infection (cystitis or urinary tract infection). Symptoms include:
 - stinging in your urethra;
 - the need to pass urine more often;
 - pain in the lower part of your tummy; or
 - just feeling generally unwell.

If these symptoms do not go away, please see your GP. We give you antibiotics after your procedure so you are less likely to get an infection.

- Have a damaged bladder (perforation). This is rare and is caused by the treatment. The damage causes bleeding and discomfort and you may need to have a catheter for a short time, usually around 10 days. A catheter is a narrow, bendy plastic tube that allows blood and urine to drain away from your bladder and out through your urethra.

After having botulinum toxin injections you may

- find it difficult to pass urine and you may also have a little urine left in your bladder after you think you have emptied it fully. There is about a one in three chance of this happening. If it does, your hospital doctor will ask you to use a catheter so you can fully empty your bladder. This involves passing a catheter through your urethra and into your bladder to allow it to drain out all the urine. This is known as 'clean intermittent self-catheterisation' (CISC) and you usually do it two – three times a day.

You will need to do it less often as the effects of the injections wear off. Before you have your first injections, we will teach you how to put in a catheter. One of our nurses will talk to you about this before your injections.

- have an allergic reaction to the medication. This is rare. If you find it difficult to breathe, swallow or speak, seek emergency medical treatment straight away by calling 999 and asking for an ambulance.
- have flu-like symptoms for 1–2 weeks.

- have bladder pain. This does not happen often. You can usually get rid of it using simple painkillers such as paracetamol. Normally, the pain goes away very quickly.
- have general muscle weakness in your arms and legs. This is very rare. It is usually mild and you do not need to come back into hospital. It normally gets better over time, although it can take several months. There is no specific treatment.
- not be able to pass urine at all. This happens occasionally. If you cannot pass urine, contact our Gynaecology Department/Urogynae Nurse Specialist. We may need to start the CISC.

What are the alternatives?

There are a number of alternatives:

- bladder training.
- medication – taken by mouth, delivered by a patch or put directly into your bladder.
- neuromodulation, where we stimulate the nerves at the base of your spine to improve your bladder symptoms.
- other forms of surgery.

Most patients will have tried bladder training and medication before we consider giving them for botulinum injections. You can discuss all these options with your doctor at your appointment.

Do I need to prepare for this procedure?

You usually have this procedure in the out-patient clinic under a local anaesthetic.

This means you will be awake the whole time. The doctor giving you the injections will check beforehand whether you are taking any other medications to make sure there are no drug interactions.

You may have it in the Day Surgery Centre under a general anaesthetic. This means you will be asleep during the procedure. If you have a general anaesthetic we will ask you to come to a pre-assessment clinic for tests before your treatment.

You need to stop taking some medications, such as warfarin and clopidogrel, several days before you have the injections. We will discuss this with you before the day of your procedure.

How long does the procedure take?

It takes about 15 minutes, from putting the cystoscope into your bladder, giving you the injections and then taking the cystoscope out again.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff again.

What happens during the procedure?

Your doctor will put a small amount of local anaesthetic jelly into your urethra to numb the area so you do not feel any pain. This may sting a little for a short time.

They will then gently pass the cystoscope into your bladder.

Your bladder will be filled with water through the cystoscope; this may make you feel like you want to go to the toilet. Sometimes water leaks around the cystoscope. This is normal and the doctors and nurses expect it to happen.

Your doctor will pass a small needle down the cystoscope and give you between 10 and 20 botulinum toxin injections into your bladder. They will then take out the cystoscope.

Will I feel any pain?

The procedure is uncomfortable but it should not be painful. The injections into the wall of your bladder may sting for a few seconds. You will be able to speak to the doctor and nurse during the procedure and ask them to stop if it becomes too painful. Most people feel no pain afterwards.

What happens after the procedure?

You will be able to get up straight away and go to the toilet to empty the water put into your bladder during the procedure.

We will ask you to wait in the clinic for half an hour. You can then go home. You should be fine to drive, but please wait until any discomfort from the procedure has gone.

You do not need to take any special precautions and you can continue your daily activities as normal. Please watch for signs of an infection, as described in the 'What the risks' section. Seek medical advice if you are concerned.

How long will the benefits last?

Your symptoms may take 7 to 14 days to respond to the injections. You may find that your symptoms get worse before they get better.

The effects of the injections last for different lengths of time for different women. For some women, the effects last for a few months; others experience improvement in their symptoms lasting for around a year. You may want to have repeat injections when the effect of the Botox wears off, if you think it has been beneficial.

Will I need a follow up appointment?

Our Nurse Specialist will telephone you 2 weeks after the procedure. You will also be given contact details on the day.

We will need to see you at the clinic six weeks after the procedure. This appointment will automatically be sent out to you.

Who can I contact with queries and concerns?

If you have a question about the procedure or your recovery, contact our Urogynaecology team. If they are unavailable when you call, please leave a message with their secretary and they will get back to you as soon as possible.

In an emergency, please contact your GP.

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If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.