

Patient information

Intravesical Injection of Botulinum A under Local Anaesthetic

Urology Department

Your doctor has advised you to have injection of Botulinum Toxin A into your bladder through a cystoscope and this leaflet explains what to expect when you have this treatment.

What is botulinum toxin?

The medication commonly called Botox (or Botulinum Toxin A) is a purified toxin made from bacterium. As such this is a toxic product but it has been used in a variety of medical conditions for many years very successfully. More recently it has been found to be beneficial in patients suffering from overactive bladder.

What does the procedure involve?

This is a procedure to stop the effects of an overactive bladder using a toxin injected into the wall of the bladder under local anaesthetic using an instrument called cystoscope.

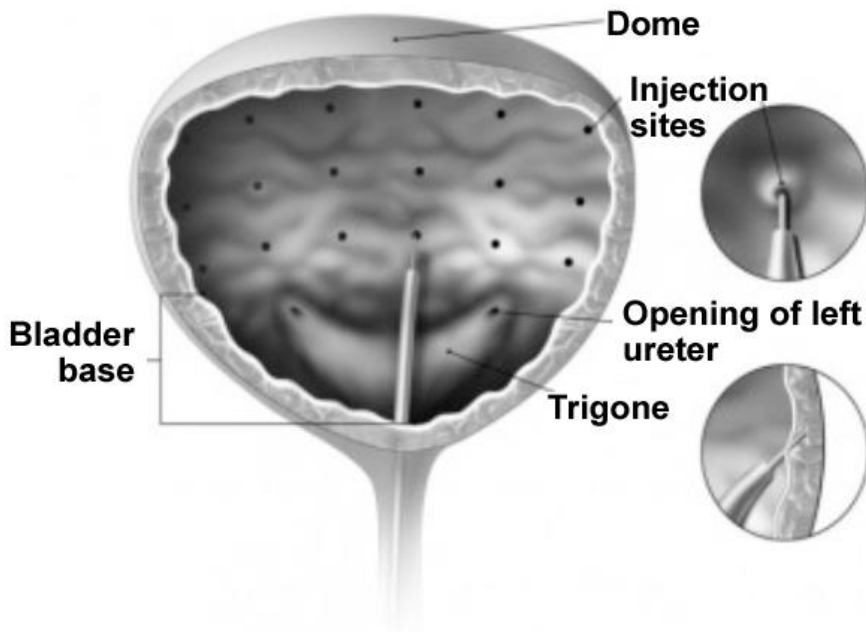
Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor

How does the botulinum toxin work?

Botulinum Toxin works by binding to the nerve endings of muscles, blocking the release of a chemical (acetylcholine) that causes the bladder muscles to contract involuntarily.

When injected into specific muscles they become paralysed or weakened, but leaves surrounding muscles unaffected, allowing normal muscle function. This in turn prevents involuntary bladder contractions, with the intention of relieving your bladder symptoms which will typically include frequency, urgency and sometimes incontinence of urine.



Why has my doctor recommended botulinum toxin injection for my bladder condition?

You will have already been diagnosed with an overactive bladder and have tried other treatments including medication and behavioural treatment in the form of bladder training which has not helped you or was not well tolerated due to the side effects of the medication.

You must have tried these more established treatments before undergoing Botulinum Toxin injection into the bladder.

What are the alternatives to this procedure?

Drug treatment, bladder training, physiotherapy, other forms of neuromodulation, bladder enlargement with a segment of bowel and urinary diversion into a stoma.

What are the risks of having this procedure?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Blood in the urine.
- Discomfort or infection in the urine.
- Difficulty in emptying the bladder adequately, requiring the use of intermittent self-catheterisation.

Occasional (between 1 in 10 and 1 in 50)

- Inability to pass urine at all, requiring passage of a catheter.

Rare (less than 1 in 50)

- Generalised weakness due to the effect of the toxin on the muscles of the body, requiring admission to hospital.
- Mild flu like symptoms and headache.
- Hospital-acquired infection.

What will happen if I decide not to have this treatment?

Your symptoms may stay the same or worsen.

How do I prepare for this procedure?

If you are on any blood thinning tablets or injection, please call the Specialist Nurses on Tel: 0151 282 6819 to discuss as soon as you receive a date.

Remember to inform the nurse or doctor of any known medical condition you have been diagnosed with.

Normal medication should be taken unless instructed otherwise.

You will also be taught to perform intermittent self- catheterisation by our specialist nurse in case you are required to do so after the procedure. This is not permanent as the effect of Botox wears off in six to nine months.

So what does the procedure involve?

You will come into hospital on the afternoon of the procedure. The procedure is performed in the outpatient's department under a local anaesthetic.

The treatment is carried out using a special telescope (cystoscope) which is introduced through the urethra (waterpipe) which means no surgical incision is required and the bladder is injected into 20-30 sites.

An antibiotic tablet is usually given before the procedure.

The procedure takes approximately 30 minutes.

You will be discharged home after you have passed urine on the same day.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved.
- Let the medical staff know if you are in any discomfort.
- Ask what you can and cannot do.
- Feel free to ask any questions or discuss any concerns.
- Ensure that you are clear about what has been done and what is the next move.

You may experience some discomfort for a few days after the procedure.

The procedure is done in the outpatient department, and you may be in the department for two hours.

When will I be able to go home?

- You must have passed urine.

You will be asked to return to the Urology Outpatients Department later in the week to have a flow rate and residual scan. To have this test you will need a full bladder.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home.
- Be advised when to resume normal activities such as work, exercise, driving, housework and sexual intimacy.
- Be given a contact number in case you have any concerns once you return home.
- Be advised ask when your follow-up will be and who will do this (the hospital or your family doctor (GP)).

It is likely that you will have some blood in your urine and slight discomfort in passing urine.

What else should I look out for?

The original symptoms may return after about nine months, requiring re-treatment.

Are there any other important points?

None.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Further information

For general queries contact the Urology Benign Specialist Nurses on

Tel: 0151 282 6819

Text phone Number: 18001 0151 282 6819

For specific clinical queries contact your consultant's secretary or

Mr S. Viswanath's (the surgeon performing this test) secretary on

Tel: 0151 706 5573

Text phone Number: 18001 0151 706 5573

Web: www.nice.org.uk

Author: Urology Department
Review date: July 2026

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