

## BLADDER BOTOX® INJECTIONS

### Introduction

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Overactive bladder is a group of urinary symptoms that include frequency, urgency and urge incontinence. Basically, it is a feeling of needing to go to the toilet very often, day and night, often with a sudden strong urge and loss of control if you do not get there in time. When lifestyle changes and medications aren't enough, your urologist may offer some minimally invasive treatment options, especially if the symptoms are distressing, interfering with daily activities and work, or there is significant leakage, and you must use pads or pull-ups all the time.

Bladder Botox® (botulinum toxin) injections can be used to relax the bladder muscle and reduce OAB symptoms and leakage. If it works, you will notice a difference within the first 1-2 weeks. The effects last 6-12 months, and repeat treatments are given when the symptoms return.

### What are the alternatives?

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Percutaneous nerve stimulation (PTNS)  
Sacral neuromodulation (SNM)

### What does the procedure involve?

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Botox® injections are performed by passing a fine needle into the bladder through a cystoscope and injecting tiny amounts of Botox® into the bladder muscle. The injections are done under local or general anaesthesia as a day procedure. Most patients respond to 100 units given over 10 injections; however some require 200-300 units for better effect.

Botox® (1:51 mins) <https://www.youtube.com/watch?v=z2Ce086x0j0>

### What are the risks of surgery?

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#### Occasional (2-10%)

Infection  
Bleeding  
Retention - may require temporary catheterisation

#### Rare (<2%)

Stricture - formation of scar tissue causing blockage of the urethra  
Reactions to drugs or anaesthetic agents  
Temporary diaphragm paralysis - 1 in 1 million chance

## What should I do before surgery?

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- Test the urine 2 weeks prior to the procedure to ensure there is no infection
- Stop using all overactive bladder medications 1-2 weeks before surgery
- If you are on blood thinning drugs, discuss this with Dr Ooi
- If you are having sedation or general anaesthesia
  - Do not eat, drink, or chew gum for 6 hours before surgery
  - Arrange for someone to stay with you for 24 hours after surgery

## Discharge information

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- Drink 2L of fluid each day and have a normal diet
- Take Ural sachets every 4 hours to relieve stinging or burning when passing urine
- Use simple pain killers if required

Blood-thinning drugs can be restarted the same or next day if there is minimal bleeding, and the urine colour is light rose or clear.

Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, passing large clots, difficulty emptying your bladder, fever or feel unwell. General advice is also available on our website in the Procedures section.

## Appointments

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Dr Ooi will see you two weeks after surgery to check on your progress. If you live remotely and things are going well, you may prefer to have a telephone call instead of a face-to-face consultation.

**Perth** - please come with a full bladder so you can do a flow test

**Albany** - please do not come with a full bladder as there is no flow machine