



Urology Department

Bladder Injections of Botulinum Toxin A (BOTOX)

Information for parents and carers

Introduction

This leaflet is aimed at providing information about **BOTOX** injections to the bladder.

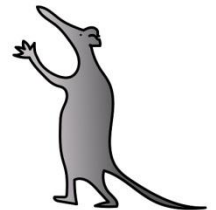
Botox is a toxin produced by the bacterium *Clostridium botulinum*. Botox is most commonly known for being used in cosmetic surgery procedures to combat wrinkles or reduce sweating. Botox can be used medically in tiny doses to relax muscles which are too tight (in spasm) or overactive. Most commonly, it is used to treat spasm around the eye or in the muscles of the neck, arm and leg.

Botox can be used in other parts of the body, including the bladder. It has been found to be useful in reducing urinary frequency, urgency and urine leakage in patients with bladder overactivity, where the usual treatments (bladder training, medication, Percutaneous Tibial Nerve Stimulation) have either failed or caused troublesome side effects. As it is an invasive procedure requiring general anaesthetic in children, it is not usually used in people who have already responded well to the more established treatments.

Why might my child need Botox?

Your child has a condition called overactive bladder. This means that they may be experiencing some or all of the following:

- Passing urine more frequently than normal
- Have a strong urge to pass urine that they cannot ignore (urgency)
- Urinary leakage when they cannot get to the toilet quickly enough
- Your child may have failed to respond to alternative treatments



A test on your child's bladder to see how it works (Urodynamics) may be needed prior to giving Botox, to confirm overactivity of the bladder. Your child's urology nurse can discuss this in more detail. Please see patient information leaflet - Coming to Alder Hey for Urodynamics PIAG 033

How will the Botox be administered?

Your child will go to theatre for a general anaesthetic. The Botox injections will be given whilst they are asleep under anaesthetic.

The injections are given through a small telescope called a cystoscope. The cystoscope is passed into the bladder via the urethra (wee tube) after the application of lubricating jelly.

Usually 20-30 tiny injections are given into the wall of the bladder. The injections paralyse part of the bladder muscle which means that the bladder becomes more relaxed. This should help your child to be able to hold on for longer before feeling the need to empty their bladder. This can reduce urinary leakage.

How long will the procedure take?

Your child will be admitted to the surgical daycase ward. You should expect to be at the hospital for the whole day.

The procedure itself takes approximately 10-15 minutes, however your child will be in theatre for up to an hour, including anaesthetic and recovery time. You may accompany your child to the anaesthetic room and meet them in the recovery room.

Your child should be discharged on the same day after they have had something to eat and drink. Your child will also need to have passed urine.

Are there any risks involved?

Some children may experience a burning sensation when they pass urine after having Botox injections. Antibiotics will be prescribed for your child to take for a few days following their procedure, to reduce the risk of urinary tract infection.

Sometimes Botox can relax the bladder too much and some patients have difficulty passing urine (weeing) after the procedure. Your child may find that they cannot pass urine (wee) at all. This is called urinary retention. If this happens, your child may need a catheter (a tube which drains the bladder of urine).

If your child finds it difficult to empty their bladder over a prolonged period, they may need to be taught clean intermittent catheterisation (CIC). This involves the child (or parents, depending on the age of the child) emptying their bladder using a small disposable tube called a catheter. This will need to be carried out on a number of occasions each day until the effects of the Botox has worn off, and your child can wee again. This could potentially take up to 6 months.

It is possible for a small amount of the Botox to be absorbed into the body and cause muscle weakness elsewhere. This occurs in approximately 1 in 1000 people and can involve some weakness of other nearby muscles. In the rare case where it does occur, it can be short lived but can last up to 6 months in some cases.

Botox can not be given in pregnancy.

How long will the effects of the Botox last?

The effects of the Botox can vary from patient to patient. The effects tend to last between 3-6 months.

If the procedure is successful, repeat treatments can be offered. This would need to be following discussion with your child's doctor. Your child can only have a maximum of 3 Botox treatments per year.

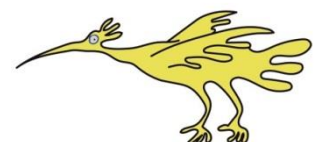
If the treatment is unsuccessful, your child will continue to be reviewed by their doctor / nurse and alternative treatments considered.

Is there any preparation that needs to take place prior to the procedure?

Your child should have their urine tested by their GP 10 days prior to the procedure. This will enable time for any potential antibiotic treatment to be prescribed and given prior to the Botox injections taking place. Your child must be free from urinary tract infection on the day of the procedure.

What if I decide I do not want my child to have bladder injections of Botox?

You should discuss any concerns that you have with your child's doctor or nurse. There may be suitable alternative treatments available.



Discharge Information



You should seek urgent medical advice if:

- Any generalised muscle weakness
- Your child is unable to pass urine after the procedure
- There is persistent pain inside the bladder (some discomfort in the first 24 hours is expected)
- Persistent or heavy bleeding (some blood stained urine may occur in the first 24 hours)
- Any symptoms of urinary tract infection.

Symptoms of urinary tract infection include:

- Offensive smelling urine.
- Cloudy urine.
- Lethargy (tiredness).
- Nausea (feeling sick).
- Loss of appetite.
- High temperature.
- Loin pain

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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