

Advice for patients and carers about having an **Botox injection**

treatment with Botox injection during gastroscopy

Endoscopy Department **Patient information**

What is Botox?

Botox is the abbreviated name for Botulinum Toxin - a toxin produced by the bacteria *Clostridium botulinum*. Since it was discovered to be a powerful neurotoxin, interrupting the transmission of nerve impulses, it has been widely used for cosmetic and medical purposes due to its effectiveness as a muscle relaxant.

What is Botox used for in the endoscopy department?

Botox may be administered during gastroscopy to treat the following conditions:

Achalasia is a condition where the ability of the muscle lining of the oesophagus (gullet) to move food along is impaired, and the sphincter at the bottom of the oesophagus fails to relax. Injecting Botox into the lower oesophageal sphincter can help to paralyse the muscle, preventing it from contracting and allowing food and fluid to pass more easily into the stomach.

Diffuse oesophageal spasm is a condition in which the muscular lining of the oesophagus fails to contract in a co-ordinated fashion. This interferes with the movement of food and fluid as it passes through to the stomach. Injecting Botox at various intervals into the lining of the oesophagus may help to prevent spasm by paralysing the muscle. This may be recommended for patients who have not responded to treatment with oral medication such as acid-suppressants and muscle relaxants.

Gastroparesis or delayed gastric emptying is a condition where food and fluid remain in the stomach for longer than normal, leading to symptoms such as a sense of fullness, nausea, vomiting, bloating, acid reflux, abdominal pain, and diarrhoea. It may be caused by a variety of problems and Botox injection may be helpful where the cause is spasm of the muscle which allows food and fluid to pass from the stomach into the small bowel - the pyloric sphincter. It is injected into the pylorus to relax it, usually when other treatments have not been successful.

Botox may also be used to assist with diagnosis. For example, in sphincter of oddi dysfunction, a trial of Botox injection administered to the ampulla in the duodenum (small bowel) may help to predict whether other treatments (such as sphincterotomy) may be helpful.

Are there any alternatives to Botox therapy?

You have been referred for Botox injection because your doctor has recommended this as the best form of treatment to relieve your symptoms. Your symptoms will have been investigated using tests such as gastroscopy, barium swallow, or manometry. The suitability of alternative treatments, some of which are mentioned in the section above, will depend upon your diagnosis. If you have any questions or would like to discuss your treatment options further, you should speak to the doctor who has referred you, or to the endoscopist performing your gastroscopy.

How should I prepare for Botox therapy?

Botox injection is performed in the endoscopy department during a procedure called a gastroscopy.

If you have been referred for Botox injection, you will have received this leaflet with a booklet about the gastroscopy procedure. Please make sure that you:

1. Read the gastroscopy booklet before you attend your appointment
2. Inform the endoscopy department if you take anticoagulant medication
3. Do not have anything to eat or drink for at least six hours before the procedure
4. Arrange for someone to collect and accompany you for at least 12 hours after sedation (you will not be able to drive or work for 24 hours afterwards)

How is Botox administered during gastroscopy?

The endoscopist (specialist doctor) will pass a thin flexible tube with a camera on the tip (an endoscope) down through your mouth into your oesophagus and/or stomach to have a look at the affected area. Then a long, thin needle will be passed down through a channel in the camera, until it is in the correct position. The Botox will be injected through the needle via the endoscope, into the muscle lining the oesophagus, or the lower oesophageal or pyloric sphincter, as applicable. It is normal for the endoscopist to administer several injections of Botox during one procedure.

Does it hurt?

It is unlikely that you will be able to feel any pain during the injections themselves. Gastroscopy is generally a painless procedure and though there may be some discomfort, it is usually brief. The endoscopist may give you sedation to help you tolerate the procedure and keep you comfortable. This is a light, conscious sedation which remains in your system for up to 24 hours. **After sedation you must have an adult with you for at least 12 hours, and may not drive, work, operate heavy machinery, care for children, take alcohol or sedatives for 24 hours.**

Are there any risks with Botox Injection?

When Botox injection is performed, some of the risks associated with gastroscopy are increased. These are discussed in more detail in the gastroscopy booklet. Most significantly:

Adverse reaction to medication: very rarely, Botox injection can lead to an allergic reaction. This could be potentially life-threatening, but is extremely unusual. The endoscopy staff will observe you closely and ensure that emergency equipment and medication are available.

Perforation: the risk of a tear being made in the lining of the digestive tract may be increased as a needle is used to inject the Botox. If perforation occurs, it can lead to bleeding or infection and surgery may be necessary to treat it, which would lead to a stay in hospital.

Bleeding: the risk of bleeding is also increased, and it is very important to inform the endoscopy department if you take any medication to prevent clotting (**anticoagulants**) on the number below.

Other complications may include aspiration, infection, damage to teeth or bridgework, failure to complete the procedure and miss rates (these are all defined and discussed in more detail in the gastroscopy booklet). It is possible for the effects of Botox to spread beyond the site of injection, which may lead to unintended paralysis of nearby muscles, though this is uncommon and usually wears off over time. Pancreatitis (inflammation of the pancreas) may arise following injection of the ampulla for investigation of 'sphincter of oddi dysfunction'.

How long do the effects of Botox injection last?

The effects of Botox when administered in this way usually last for two or three months. You may require repeated injections of Botox in the future, depending on the cause of your symptoms.

How soon after Botox injection can I eat, drink and go home?

The recovery following Botox Injection is the same as for gastroscopy. It is usually performed as a day case, following which you can eat and drink within an hour or two.

For further advice see the gastroscopy booklet or contact:

Royal Bournemouth Hospital Endoscopy Department:
0300 019 4668 (Mon - Fri, 8 am- 6 pm)

Poole Hospital Endoscopy Department:
0300 019 2772 (Mon - Fri, 8 am- 6 pm)

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Andreea Cata** Date: **September 2022** Version: **Four** Review date: **September 2025** Ref: **139/22**

w: www.uhd.nhs.uk



@UHD_NHS



@UHDTrust



@uhd_nhs