

University Hospitals Dorset Urogynaecology service contact

Please contact us and tell us the name of the doctor in charge of your care:

Urogynaecology nurse specialists - call **0300 019 5729** for answerphone service or **0300 019 4943** for secretary.

Urogynaecology secretaries - call **0300 019 2511** or **0300 019 4336**. There is an answerphone available out of hours.

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To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email patientexperienceteam@uhd.nhs.uk.

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Botox injections into the bladder

Patient information and treatment diary

Patient identification label:

Lead Consultant (please tick):

☐

JRB

☐

SJD

☐

TCH

☐

SB

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What bladder condition is Botox used to treat?

Botox (Botulinum Toxin A) is a treatment for urge urinary incontinence caused by neurological conditions and in women with overactive bladder where no cause has been found.

Overactive bladder (OAB) is a condition where you have a sudden, desperate need to pass urine (known as urinary urgency). You may also leak urine. You may need to empty your bladder frequently during the day, and at night (known as nocturia). OAB is common, affecting at least 1 in 10 (10%) of adults (men as well as women). OAB symptoms are usually caused by the bladder muscle squeezing to empty out urine inappropriately, even when the bladder isn't full. This often happens without warning and when you do not want it to.

It is more common:

- In older people
- In people who have had pelvic surgery (obstetric, gynaecological or urological)
- In people with neurological (nerve) disease, for example multiple sclerosis

What is Botulinum Toxin A (Botox) and how does it work?

Many people have heard of Botox for the treatment of frown lines. This is a drug company name for Botulinum Toxin A, which is a protein extracted from bacteria under controlled laboratory conditions. It works for the bladder by relaxing the muscle of the bladder wall (the detrusor muscle), reducing the urinary urgency and incontinence. Following treatment, the toxins' effects last for several months after which the muscles return to their normal strength.

Appointment record

Date of procedure	Dose of Botox	Planned next treatment

Am I a candidate for Botox?

Before considering Botox injections we recommend that you try bladder retraining, fluid management and have seen a pelvic floor physiotherapist. You would normally have tried at least two different tablets to treat overactive bladder, unless there have been reasons not to. Usually you will have had urodynamic tests, which check how your bladder is working and whether it is overactive. You will also need to be taught clean intermittent self-catheterisation techniques in case of difficulty in emptying the bladder after the procedure (see “What is clean intermittent self catheterisation?”).

Your case will be discussed at a multi-disciplinary team (MDT) meeting. This is considered good practice before treating a patient with Botox injections. The MDT includes urogynaecologists, specialist nurses and physiotherapists. At the meeting they will review your medical notes and the results of any tests, as well as noting which treatment you would prefer. They then decide if the proposed treatment is appropriate. If they do not think it is appropriate, your doctor will discuss this with you.

Alternative options include managing your symptoms as they are at present (‘do nothing’), implantation of a sacral nerve stimulator (SNS) device to your lower spine, and surgical treatments to either enlarge the bladder or divert urine permanently into a bag on the outside of your body. Your doctor can discuss these options with you.

Important reminders for the day of the procedure

Before attending for the procedure please check the following:

- You are able to pass a catheter (CISC) and you have some up-to-date catheters at home
- If this is a repeat injection, are your symptoms returning? If not, you can always postpone the procedure by a few months
- If you are prone to urinary infections, we will provide you with an additional urine sample pot in advance. Please take the same to your GP surgery to check for signs of possible infection 2-3 days before the procedure. This means any infection can be treated by your GP before attending for Botox.
- If you take a blood thinning tablet or injection please let us know in advance
- Take simple painkillers at home before coming in for the procedure.

Please bring with you to the procedure appointment:

- This treatment record so we can record your dose
- A completed symptom questionnaire, which will be sent out to you with your appointment letter
- A clean urine sample for testing
- Any questions that you may have for the team
- An up-to-date copy of your prescriptions

After the procedure you will be given:

- A short course of antibiotics to reduce the risk of a urine infection
- A clean urine sample pot for the next appointment
- A copy of your consent form, if you wish to keep one
- An approximate timescale to plan your next treatment (average of 9 months)

How long does the treatment effect last?

Eventually, the effect of the Botox will begin to wear off, and you may notice a gradual return of symptoms of frequency, urgency and leakage. As every situation is different, it is impossible to predict how long after your treatment this will happen. The treatment effect commonly lasts 6 to 12 months. For some women, a single treatment is all that is required; others need repeated treatments. There are no limits to how many times you can have Botox injections and most people find that having repeat injections works well over many years. There is evidence that after 12 years of repeated injections there is no damage to the bladder but we do not yet know what happens if you have Botox injections for more than 12 years.

How effective is it?

Botox injections are effective for 7 out of 10 patients (70%), meaning that urinary urgency and leakage are either significantly improved or cured. It can take 7-10 days for you to start to notice the effects of the treatment.

How is the procedure performed?

The procedure is very simple, and is usually performed as an outpatient procedure, using local anaesthetic gel around the waterpipe (urethra) to reduce any discomfort. A fine camera (cystoscope) is passed into the bladder through your urethra with running water to fill the bladder. This can make you feel wet and as if you need to pass urine. Tiny amounts of diluted Botox are injected through the cystoscope into the bladder muscle. There are typically between 10-30 injection sites used. You may feel a pricking sensation or mild discomfort, though it is not usually painful. At the end of the procedure you will be able to empty your bladder and you will be given some antibiotics to take home to reduce the risk of urine infection.

Difficulty emptying the bladder properly	Common - affects 5-10/100 people (5-10%)	7-14 days	Intermittent self-catheterisation to drain residual urine from the bladder; temporary until Botox wears off
Recurrent urinary tract infections	Common - affects 2-10/100 people (2-10%)		Antibiotics - short courses or regular low dose treatment
Generalised weakness due to effect of Botox on the muscles of the body	Uncommon - affects fewer than 1/250 people (<0.4%)		Admission to hospital
Severe allergic reaction	Uncommon - affects fewer than 1/250 people (<0.4%)	Within 24 hours of the procedure, usually immediate	Admission to hospital
Heavy bleeding during procedure	Rare	Within 24 hours of the procedure	Admission to hospital for treatment to stop bleeding
Injury to urinary tract	Rare	Usually within 24 hours of the procedure	Admission to hospital for treatment of injury; may require indwelling catheter for 7-14 days

Please let our team know if you experience any of these possible after-effects from Botox therapy.

What do I need to know after the procedure?

It is safe to drive and return to your normal activities following your procedure, provided the procedure has been performed under a local anaesthetic.

We recommend you drink two extra glasses of fluid each day, for a couple of days, to reduce any discomfort and the risk of infection.

What follow up will I need?

You will have a telephone call after the procedure to check how you are. If this is your first procedure, or the dose has been changed this time, this call will be at 2 weeks and then repeated at 12 weeks. If you have regular injections of the same dose, then we would just plan the 12 week review. Please contact us before then if you are experiencing any issues. We would plan to automatically rebook another Botox procedure, unless there are any reasons to change to an alternative treatment.

What is clean intermittent self-catheterisation (CISC)

It is normal to leave a little bit of urine behind in your bladder after going to the toilet (known as the 'residual volume'). However, if too much is left behind it can lead to problems such as needing to go to the toilet frequently or recurrent urinary tract infections. Botox injections can make it more difficult to fully empty your bladder, and therefore you will be taught how to drain the residual volume with a thin tube (catheter) before having the procedure. It is very important that you always try to pass urine naturally before using the catheter.

The catheter has lubricant on it, making it more comfortable to use. Some women prefer to use a mirror to help them initially. The catheter is disposable, so you use a new catheter each time, and they are available on prescription. The catheters are very small and can easily be hidden in a handbag. We can either teach you this technique during an appointment at the hospital, or within your own home.

How often might I need to perform CISC?

This will depend on how big your residual volume is. Initially, we will ask you to measure how much urine you drain out of the bladder, to guide you as to how frequently to do it. We would not usually recommend doing this more than four times a day. Please let us know if you are having difficulty emptying your bladder or needing to use a catheter for the first time so that we can help guide you.

What are the risks of Botox treatment?

Most procedures have possible after-effects or “risks”, although these will not affect every patient. You can minimise the effects of these risks by:

- 1 Letting us know if you are taking a blood thinning medication (tablet or injection) in advance of the procedure - as you may be advised to stop them
- 2 Bringing a urine sample to the appointment to be tested for signs of infection prior to the procedure
- 3 Learning clean intermittent self-catheterisation before the procedure is performed

After-effect	Risk of experiencing this after-effect	Timescale from procedure	Treatment required
Symptoms return/Botox wears off	Almost all patients	6-12 months	Repeat injections available
Small amounts of blood in the urine	Very common - affects 1/1-1/10 people	1-3 days	Nothing - this will resolve without treatment
Mild discomfort or burning on passing urine for 24hrs after the procedure	Very common - affects 1/1-1/10 people	1-2 days	Nothing - this will resolve without treatment
Urinary tract infection	Common - affects 10-15/100 people (10-15%)	1-5 days	Short course of antibiotics (3-7 days)