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What does intravesical botox involve?

By Yolanda Smith, BPharm

Intravesical botox is a procedure that involves an injection of Botulinum Type-A toxin into the muscles of the bladder wall. The toxin produced by *Clostridium botulinum* binds to the nerves endings and inhibits the muscular contractions, helping to treat over-activity of the bladder muscles.

Patients with overactive bladder syndrome that have symptoms of urge incontinence and frequent urination are most likely to benefit from the procedure.

Procedure

Intravesical botox is administered via a procedure called a flexible cystoscopy, which involves the insertion of a flexible cystoscope through the urethra and into the bladder. The procedure usually takes place in the Day Surgery Unit under local anaesthetic and patients can drink and eat as usual before it begins.

Firstly, the patient should be asked to empty their bladder and the skin surrounding the urethra is then cleaned with a mild antiseptic solution and covered with a sterile paper sheet. A local anesthetic gel can then be applied to decrease any painful sensations that may present during the procedure, which takes approximately five minutes to become effective.

When the area is desensitized, the flexible cystoscope can be inserted into the urethra and pushed up until the tip enters the bladder. Some patients may notice slight stinging as the cystoscope passes through the sphincter to enter the bladder. For men, attempting to pass urine can help to open the sphincter and allow the cystoscope to pass through more easily past the prostate gland.

Sterile water is then pumped into the bladder, helping to expand the bladder lining and allow a clear view of the surface. A small needle is threaded along the flexible cytoscope until the telescopic camera at the end can view the tip.

A series of approximately 20 injections, each with 1 mL of Botulinum Type-A toxin, is administered evenly into the muscles in the bladder wall. This is a relatively quick procedure, which typically takes no longer than 15 minutes. Upon removal of the flexible cystoscope, the patient can relieve him or herself and empty their bladder as normal.

Complications

The most common complication of intravesical botox is a urinary tract infection, which usually presents with signs such as frequent urination with pain or burning, often accompanied by a high temperature.

For up to 48 hours following the procedure, some patients report pain or burning upon urination and some blood in the urine may also be evident. This is a normal occurrence and patients should be advised that this might occur. If this continues beyond 48 hours, however, it is likely that the patient may have an infection of the urinary tract and should seek antibiotic treatment for this.

Approximately 20% of patients may also have difficulty passing urine following intravesical botox. This usually requires Intermittent Self Catheterisation (ISC) to help pass the urine as needed. For this reason, each patient should have a supply of catheters at home for ISC, in case of need.

Follow-Up

The patient management following an intravesical botox procedure largely involves methods to prevent infection. Most people can continue with normal daily activities immediately after the procedure, although they may be affected by some pain in the first 24-48 hours.

Drinking an adequate volume of water, at least 2 litres per day, is recommended to keep the renal system working and passing any bacteria that may be present out of the body. Additionally, patients are often routinely prescribed a short course of prophylactic antibiotics as a preventative method.

References

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Last Updated: Jan 11, 2016