

## PATIENT INFORMATION

# Botulinum toxin injections into the bladder: procedure-specific information

### What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

### What does the procedure involve?

This is a procedure to stop the effects of an overactive bladder using a toxin injected into the wall of the bladder under local anaesthetic

### What are the alternatives to this procedure?

Drug treatment, bladder training, physiotherapy, bladder enlargement with a segment of bowel, urinary diversion into a stoma



### What should I expect before the procedure?

You will usually be admitted on the day of your surgery. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent

- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

## **What happens during the procedure?**

The procedure can be performed under a local or general anaesthetic and you will be given antibiotics to prevent infection in the urine.

The botulinum toxin is injected with the aid of a telescope (cystoscope) passed into the bladder via the urethra (water pipe).

## **What happens immediately after the procedure?**

You may experience some discomfort for a few days after the procedure but painkillers may be given to you to take home.

The procedure is done on a day-case basis with a length of stay less than 1 day.

## **Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

### **Common (greater than 1 in 10)**

- Blood in the urine
- Discomfort or infection in the urine
- Difficulty in emptying the bladder adequately, requiring the use of intermittent self-catheterisation

### **Occasional (between 1 in 10 and 1 in 50)**

- Inability to pass urine at all, requiring passage of a catheter

We will arrange to see you and perform a scan at about 2 weeks to ensure you are emptying your bladder properly.

### **Rare (less than 1 in 50)**

- Generalised weakness due to the effect of the toxin on the muscles of the body, requiring admission to hospital

### **Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))**

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

### **What should I expect when I get home?**

It is likely that you will have some blood in your urine and slight discomfort in passing urine

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

### **What else should I look out for?**

Difficulty emptying your bladder; if this occurs, please contact your named nurse.

The original symptoms may return after about 9 months, requiring re-treatment.

### **Are there any other important points?**

None

### **Is there any research being carried out in this field?**

We are currently closely assessing the outcomes of this operation on an ongoing basis. There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

### **Who can I contact for more help or information?**

- Uro-Oncology Nurse Specialist 01284 712735

- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

**Other contacts**

**Chaplaincy** - Telephone: 01284 713486

**What should I do with this form?**

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....