

Procedure information

Cystoscopy and injection of intravesical botulinum toxin

What is cystoscopy and injection of intravesical botulinum toxin?

Cystoscopy and injection of intravesical botulinum toxin is a procedure to inject botulinum toxin into the wall of your bladder.

Botulinum toxin works by temporarily reducing the ability of the bladder wall muscles to contract (squeeze).

Botox® is the only brand of botulinum toxin licenced for this indication in Australia.

Why is intravesical botulinum toxin required?

Cystoscopy and injection of intravesical botulinum toxin is a well established treatment to manage the symptoms of overactive bladder, including:

- Urinary frequency.
- Waking at night to pass urine.
- Urinary urgency.
- Urinary incontinence.

Cystoscopy and injection of intravesical botulinum toxin is also occasionally used to treat bladder pain.

How is cystoscopy and injection of intravesical botulinum toxin performed?

This procedure can be performed under local anaesthetic or under general anaesthetic in hospital.

Local anaesthetic

A small catheter (flexible plastic tube) is passed into your bladder through your urethra (waterpipe). Your bladder is filled with a small volume of local anaesthetic.

Once the local anaesthetic has taken effect, we pass a cystoscope (telescope) through your urethra into your bladder and fill your bladder with sterile water.

Through the cystoscope, we inject a small volume of botulinum toxin into the bladder wall in multiple places. Sometimes there is mild discomfort as the telescope is passed into your bladder and with the injections.

After the procedure you need to empty your bladder and then you can go home.

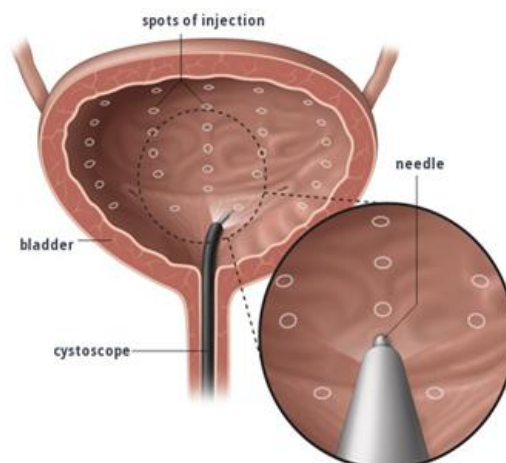
General anaesthetic

While you are under general anaesthetic we pass a cystoscope (telescope) through your urethra into your bladder and fill your bladder with sterile water.

Through the cystoscope, we inject a small volume of botulinum toxin into the bladder wall in multiple places.

You can usually go home a few hours after the procedure once you have recovered from the anaesthetic.

It will take around 2 weeks for the botulinum toxin to start working. The effect of the botulinum toxin is temporary and usually lasts between 6 and 12 months.



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What is the recovery after cystoscopy and injection of intravesical botulinum toxin?

If you have the procedure with local anaesthetic you can drive to and from the procedure and can usually return to work the same day. You can resume exercise as soon as the procedure is completed.

If you have the procedure under general anaesthetic you can usually return to work, driving, and exercise 24 hours after the procedure.

You may have mild burning and stinging when passing urine and notice blood in the urine for a few days after the procedure.

You may notice some blood in the urine for a day or two after the procedure.

What are the risks associated with intravesical botulinum toxin?

Occasional risks (1/10 – 1/50)

- Failure of the treatment to improve your bladder symptoms.
- Urinary tract infection requiring antibiotics.
- Difficulty passing urine or incomplete emptying of the bladder for a few weeks to months after the procedure. This may require you to pass a catheter via the urethra into your bladder to empty it at regular intervals (intermittent self-catheterisation).

Rare risks (1/50 – 1/250)

- Recurrent urinary tract infections.
- Urinary tract infection which can spread to the kidneys and/or blood stream (sepsis) and/or prostate and testes in men.

Very rare risks (<1/250)

- An allergic reaction to botulinum toxin or other medications used during the procedure requiring emergency treatment.
- Temporary muscle weakness in the arms or legs due to the botulinum toxin - very rare and usually improves without treatment.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

Alternative treatment options for overactive bladder include:

- Reducing fluid and caffeine intake.
- Bladder retraining.
- Using incontinence pads.
- Medications.

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- Sacral nerve stimulation.
- Posterior tibial nerve stimulation.
- Bladder augmentation.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.