



Urologist



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PATIENT INFORMATION BROCHURE

INRAVESICAL BOTOX

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Patient well-being is my first priority!

Intravesical Botox

Why is it done?

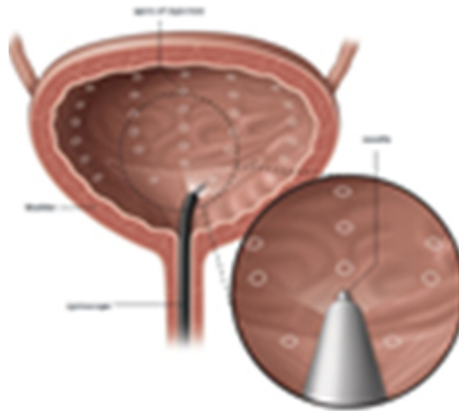
- To alter the neuro-transmission from the Neuron to muscle receptor
- Refractory Over Active Bladders with Urge Incontinence .
- Chronic Pelvic Pain?
- Causative factors:
- Undetermined
- Neurogenic causes such as Multiple Sclerosis
- Non-neurogenic

Pre-requirements

- An informed consent is required from the patient .
- Patients may not eat or drink from midnight the previous evening (not applicable if done under local anaesthetic).
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at pre-admission clinics as well as to theatre staff and Dr Schoeman**
- This is usually a day surgery procedure unless travelling from further than Brisbane
- Should not be on any anti-coagulation: Aspirin, Plavix, Warfarin.

How is BOTOX administered

- A General anaesthetic is administered
- You will be placed supine with legs in lithotomy
- A standard cystoscopic procedure is done
- 20-30 sites of 0,5 ml blebs are created in a grid fashion with sub-mucosal injections of BOTOX
- Usually 100-200 IU with non-neurogenic bladders and 300 IU with Neurogenic causes
- Dose may be individualized with subsequent treatments.
- **WARNING: You may not be able to pass urine for up to 2 weeks on your own and may require intermittent self catheterisation**

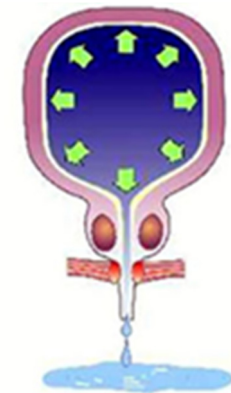


After the procedure?

- You will be assessed to see whether you empty your bladder completely.
- ISC may be instituted if you cannot void or residuals are more than 300cc.

What to expect after the procedure

- Some local discomfort may be experienced.
- Your voiding nature will change within the next week to 10 days with a slow stream which may require ISC .
- Systemic effects of BOTOX would be muscle weakness especially noticed a Paraplegic sports people.
- After a 2 weeks period of temporary ISC, you voiding may improve.
- Neurogenic bladder patients will still continue with ISC as before
- NB! Each person is unique and for this reason symptoms may vary!



What next?

- A date will be set for a review by myself on regular intervals
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.