



Southern
Urogynecology

Center for Incontinence and Female Pelvic Medicine

What is Botox?

Botox (Botulinum A toxin) is an injectable drug that acts to temporarily paralyze muscles when it is locally injected. Botox is known for its popular use in cosmetics, but it actually has far reaching medical applications. It is commonly used for diverse conditions like muscle spasticity, headaches, as well as the treatment of urinary incontinence.

How does Botox treat urinary incontinence?

Botox has been used to treat urinary incontinence for many years. It acts to decrease the muscular contractions of the bladder. These bladder “spasms” can arise from a condition called overactive bladder, which commonly occurs in women with aging, or the spasms can be more serious in patients with neurogenic bladder from neurologic disease or injury. Bladder spasticity has a lot of different names; it is also called detrusor overactivity, detrusor hyperreflexia, and neurogenic bladder.

How is Botox administered?

Botox needs to be injected into the muscle of the bladder. This is done in the office under local anesthesia and it takes less than 20 minutes. A tiny scope is passed up the urethra into the bladder. A small needle is placed through the scope and several injections are made directly into the bladder designed to spread Botox throughout the muscle of the bladder. Most patients tolerate this procedure well.

How quickly does Botox work and how long does it last?

Botox begins to work at about 1 week, but the full effect of the medicine may take up to 2 weeks. Botox is not permanent although it has a prolonged effect in the bladder compared to other muscles where it may only last a few months. In research studies the most commonly reported duration of response by patients, was 10 months; however, the range varies among individual patients from 4-10 months.

What are the risks of Botox?

Botox acts to decrease the strength of the bladder’s natural contraction. It eliminates bladder spasm by this method. One potential side effect of this is urinary retention. In other words, the Botox works too well and the patient cannot void on their own or they have some residual urine in their bladder that does not pass with normal urination. A small amount of residual urine does not cause much of a concern, but if this residual urine is high, or a patient cannot void at all, a catheter may need to be placed. A patient may have to periodically pass a catheter in order to drain their bladder 2-4 times a day for a short period of time.

This complication is rare in patients with overactive bladder, because we limit the amount of Botox we inject. Patients who get Botox may also be at a higher risk for bladder infections than those who use overactive bladder medications alone. Since we know this can be a risk, we monitor our patients closely for this and treat them with antibiotics if needed.

In patients with neurogenic bladder from conditions like multiple sclerosis or spinal cord injury we use more Botox than is used in a patient with an overactive bladder. The reason for this is, patients with neurogenic bladder are often dependent upon catheterization to begin with. In these patients the goal is to inject enough Botox so the bladder does not contract at all. This will eliminate leakage from bladder spasms and patients often are dry in between self-catheterization.

There have been very few instances of Botox ever causing systemic transient weakness in other muscles. This is a risk of Botox therapy, but extremely uncommon.

Summary:

Botox is a well-tolerated treatment and the application of this therapy ranges from simple conditions like overactive bladder to treatment of severely spastic bladders from neurologic disease. In many instances, Botox can be injected during a short procedure in our office. If the therapy is successful, it can last for approximately 9 months (average) and then can be re-injected. If the injection does not achieve desired response, it can be re-injected in 4 months. There is no limitation to the duration of using this type of therapy.