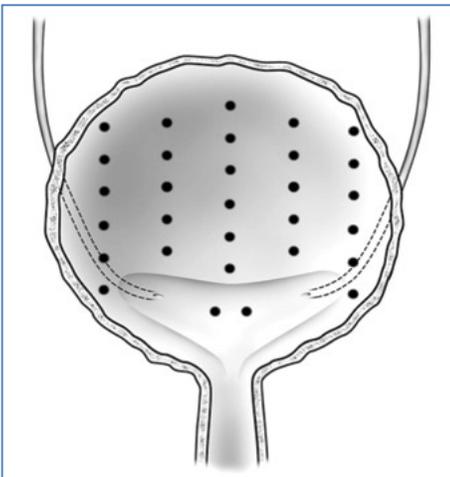


INTRAVESICAL BOTOX® TREATMENT FOR OVERACTIVE BLADDER

Overactive bladder syndrome (OAB) affects 25% of adult women and can be extremely debilitating. The condition is characterised by a sudden, compelling need to urinate which is hard to control – this is called “urgency.” Often, women with this condition also have to get up during the night to urinate (nocturia) and may visit the toilet many times during the day (frequency). For many women, the urgency is so strong that it causes them to leak urine before they can reach the toilet (urge incontinence).

What does BOTOX® therapy for overactive bladder involve?

The treatment involves a short 20-minute operation, performed in the operating theatre, with the woman sedated but not fully asleep. Women will either go home the same day, or occasionally require an overnight stay in hospital. The procedure uses the same botulinum toxin which is used by women for facial wrinkles (although far higher doses are used in the bladder). The BOTOX® is injected into the inside of the bladder using a cystoscope, which is a special camera for looking into the bladder. Successful bladder emptying must be achieved before discharge home. **Dr. Colin Walsh has successfully performed bladder BOTOX® surgery for many women with severe OAB syndrome. He performs bladder BOTOX® surgery at North Shore Private Hospital.**



OnabotulinumtoxinA (BOTOX®) is injected into 20-30 sites in the bladder wall using cystoscopic guidance

What is the success rate with BOTOX® treatment for overactive bladder?

The overall success rate following BOTOX® therapy is **70-80%**. However, because BOTOX® works by paralyzing the bladder-wall spasms, the effect is not permanent. In most studies, the improvement in symptoms after BOTOX® lasts between 6-12 months (average 9 months). Many women opt for repeat treatment once their symptoms begin to return.

I have symptoms of overactive bladder – am I suitable for BOTOX® therapy?

Many women with OAB will find their symptoms improve with simple steps, such as decreasing caffeine intake and treating any urinary tract infections. These measures are usually combined with bladder retraining and pelvic floor exercises to help the woman hold on for longer and gradually increase their bladder capacity. In many cases, medication is prescribed which reduces the severity of bladder spasms. It is now known that a proportion of women with severe OAB will not find medication helpful, or may find it helpful initially but then notice symptoms returning after months or years. Injecting BOTOX® into the bladder wall under anaesthetic may provide relief for these women. **Injecting BOTOX® into the bladder is not a “quick fix” – like any operation it carries risks and should only be considered for women who have tried medication without success.**

Have you treated many women with overactive bladder syndrome?

The team at SHORE FOR WOMEN have considerable experience in caring for women affected by overactive bladder, including performing intra-vesical BOTOX® therapy. Dr Colin Walsh has cared for hundreds of women with OAB, has published extensively on the condition and has a PhD in the treatment of the overactive bladder syndrome [1-3].

Are there any potential complications with intra-vesical BOTOX® therapy?

Injection of BOTOX® into the bladder wall is a straight-forward procedure. The main potential disadvantages with this therapy are [4]:

- **Treatment failure** – Approximately 25% of women report no improvement in bladder symptoms
- **Cost** –BOTOX® is expensive (≈\$500 per vial) and is only listed on the PBS for certain women
- **Voiding problem** – in 5-10% of women, the treatment “over-paralyses” the bladder wall so that the woman cannot successfully empty her bladder. Some of these women will need to “self-catheterise” for a few months until the BOTOX® effect wears off.
- **Urinary tract infection** has been reported in up to 30% of women following BOTOX® therapy

Lastly, some women with rare medical problems, such as myasthenia gravis, are unsuitable for BOTOX® treatment.

References

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3. **Walsh CA** et al. Botulinum toxin in "refractory" detrusor overactivity. Neurourol Urodyn. 2012; 31: 708.
4. Visco AG et al. Anticholinergic therapy vs. onabotulinumtoxin for urgency urinary incontinence. N Engl J Med. 2012; 367: 1803-13.