



# **Botulinum toxin surgery**

This leaflet gives information about botulinum toxin for the bladder. It explains about the benefits, risks and any alternatives, and what you can expect when you come to hospital. If you have any questions or concerns, please speak to a doctor or nurse caring for your child.

## Botulinum toxin for the bladder

Botulinum toxin is a treatment that weakens the muscle it is put into.

During surgery, botulinum toxin medicine is injected into the lining of the bladder. In children, the treatment is given under a general anaesthetic, so your child will be asleep for the whole procedure. A special telescope (cystoscope) is passed through the water pipe (urethra) and used to inject the medicine into the bladder. There are no wounds.

The main benefit of this treatment for the bladder is to reduce the pressures in the bladder when it is storing pee (urine). This is only done to:

- control leaking (urinary incontinence)
- reduce pressures in the bladder that might cause damage to the kidneys

The effects of botulinum toxin will wear off 6 to 9 months after surgery. This means that the treatment will need to be repeated if it is successful.

#### **Risks of botulinum toxin surgery**

Although the operation is usually done without any problems, sometimes things do not go to plan.

There is a small risk of urinary infection. Antibiotics are given during and after the operation to reduce this risk.

Bleeding can occur, which might cause the pee to become pink or red. Drinking more fluid will wash this away over a few days. It is very rare for anyone to need more treatment, such as another operation or a blood transfusion to deal with this.

It might become difficult for your child to empty their bladder. They might need a tube to drain the pee away (urinary catheter). This can be left in place, or the catheter passed and removed regularly (intermittent catheterisation).

Sometimes the botulinum toxin does not work to reduce the pressures in the bladder. Your child's doctor will discuss this with you.

Very rarely the botulinum toxin can spread and cause weakness of other muscles in the body. If this occurs you should contact Beach Ward.

## **Other treatment options**

The most common way of dealing with high pressures in the bladder is with medicines (such as oxybutynin).

Sometimes, treatments that stimulate nerves (neuromodulation) can help. In children this can be done with stimulators put on the skin, for example TENS machines. This might not help where the kidneys are being damaged by high pressures in the bladder.

If other treatments have not worked, more complicated operations might be considered. Examples include urine diversion (vesicotomy) and bladder enlargement (cystoplasty). These operations have important disadvantages. Your child's doctor will discuss these with you if they are appropriate options for your child.

#### Preparing for botulinum toxin surgery

There is no specific preparation for botulinum toxin surgery. All children that need to have an operation involving a general anaesthetic will need to have a pre-assessment appointment.

At this appointment we will make sure your child is fit for their general anaesthetic. You will also be given information about what will happen on the day of your child's operation. You and your child will get the chance to ask any questions you have.

Please make sure you bring a list of all medicines that your child is taking, including any you buy in a pharmacy or shop, and any homeopathic or herbal remedies.

On the day of surgery you should come to the ward on time so that you can meet the surgeon and anaesthetist.

## Consent – asking for your consent

We want to involve you in decisions about your child's care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you understand what the treatment involves, and agree for your child to have it. If you would like more information about our consent process, please speak to a member of staff caring for your child.

## **During botulinum toxin surgery**

Your child needs to have a general anaesthetic for this operation. We'll take your child to the anaesthetic room next to the operating theatre. You can go with them to the anaesthetic room and wait with them until they have fallen asleep. A nurse will come with you and then take you back to the ward once your child is sleeping.

The operation is done without any cuts or wounds. A telescope is passed into the bladder and the botulinum toxin injected into the lining of the bladder.

The whole procedure, including the anaesthetic and operation, will take about 1 hour.

When your child begins to wake up, you can come and sit with them in the recovery room while the anaesthetic wears off.

When your child is fully awake and comfortable, they will be able to go back to the ward.

## Pain

There might be some stinging when your child pees for the first time. This should settle quickly, and reduce each time your child pees. This can be eased with regular painkillers as advised by your pharmacist.

### After botulinum toxin surgery

Your child will have regular nursing checks on the ward. It is important for us to know that they can empty their bladder. Your child should be able to go home the same day.

## After you leave hospital

Your child should drink plenty, and empty their bladder regularly. They should be able to return to normal activities by the next day.

Your child's pee might have some blood in it, making it pink or red.

You should seek medical attention for your child if they have signs of a urinary infection. Signs to look out for include:

- the need to pee more frequently
- increasing pain
- cloudy or smelly pee
- a high temperature

You will need to seek medical attention for your child if they can't empty their bladder.

## **Follow-up appointments**

There will be a follow-up appointment with a doctor to check on your child's progress after the operation. It is important that you fill in a bladder diary for your child and bring it to appointment.

## Contact us

If you have any questions or concerns following your child's surgery, please contact Beach Ward, **phone** 020 7188 8844. For a reply within 2 working days you can email the medical team, **email** evelinaurologydoctors@gstt.nhs.uk

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit web www.evelinalondon.nhs.uk/leaflets

#### **Evelina London Medicines Helpline**

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, phone 020 7188 3003, Monday to Friday, 10am to 5pm email letstalkmedicines@gstt.nhs.uk



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