

Flexible cystoscopy and injection of Botulinum toxin to the bladder

affix patient label

Why do I need this procedure?

This procedure has been designed to treat people suffering from symptoms of overactive bladder (OAB) that have not responded to tablet medication. The Botulinum toxin temporarily paralyses the muscle wall of your bladder and can reduce urinary symptoms such as urgency (sudden desire to pass urine which cannot be deferred), frequency (passing urine often) and urge incontinence (urinary leakage associated with urgency).

Are there any alternatives?

This procedure can also be performed under general anaesthetic using a rigid cystoscope. Alternatives include drug treatment, bladder training, physiotherapy, sacral nerve stimulation, posterior tibial nerve stimulation, bladder enlargement with a segment of bowel and urinary diversion into a stoma. Please feel free to discuss these options with your doctor.

How do I prepare for it?

You can continue to take your regular medication unless you have been told otherwise. If you are taking aspirin, clopidogrel, warfarin, rivaroxaban, dabigatran (or any other blood thinning medication) regularly, you must discuss this with your urologist (specialist doctor).

You can continue to eat and drink as normal.

You will be asked to attend the urology clinic and to provide a urine sample prior to the procedure. Feel free to ask any questions you have about the procedure or what will happen afterwards. The surgeon / specialist nurse may examine you. They will also check that this consent form has been completed and signed.

What does it involve?

This is a local anaesthetic procedure that involves passing a telescopic instrument (flexible cystoscope) into your bladder via the urethra, to guide injections of a muscle relaxant called Botulinum toxin (Botox) into your bladder wall. The procedure takes around 10 minutes and as many as 20 injections may be given. It is not considered to be a painful procedure, but the injections may be felt as a 'sting' for a few seconds.

What happens afterwards?

After the procedure, you are usually discharged home once you have passed urine satisfactorily.

Simple painkillers such as paracetamol are recommended if you have any discomfort.

The effects of the injection can take up to three weeks to appear and you may not notice a difference straight away. Most patients find the effects of the injections last between six and nine months, although they can last longer. If effective, repeat injections can be arranged once the effects start to wear off.

Are there any risks or side-effects?

As with all procedures, there are risks involved. However, you should be reassured that, although these complications are well recognised, the majority of patients do not suffer any problems after this procedure.

Common (greater than 1 in 10)

- Blood in your urine
- Discomfort when passing urine
- Urinary tract infection (UTI).

Occasional (between 1 in 10 and 1 in 50)

- Difficulty passing urine adequately, requiring intermittent self-catheterisation
- Recurrent UTIs.

Rare (less than 1 in 50)

- Generalised weakness due to the effect of the toxin on the muscles of the body, requiring admission to hospital
- Hospital-acquired infection
 - Colonisation with MRSA (0.9% - 1 in 110)
 - Clostridium difficile bowel infection (0.01% - 1 in 10,000)
 - MRSA bloodstream infection (0.02% - 1 in 5000).

What should I look out for at home?

Blood in your urine or pain on passing urine are common after this procedure and usually settle with painkillers and plenty of oral fluids. If you do develop difficulty emptying your bladder, please contact your named urology nurse or your GP urgently.

By the time of your discharge from hospital you should be given advice about:

- your recovery at home
- when to resume normal activities
- contact details if you have concerns once you are home
- your follow-up arrangements.

If you have not been given this information, please ask before you go home.

Will I have any follow-up?

Depending on the underlying condition, a follow-up plan will be made for you prior to your discharge. The effects of Botulinum toxin wear off after 6-12 months, so you may need to have the procedure performed again.

Contact us

If you have any questions, worries or concerns, please phone the urology clinical nurse specialists on 01872 253143.

If you would like this leaflet in large print, Braille, audio version or in another language,
please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Flexible cystoscopy and injection of Botulinum toxin to the bladder

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

A procedure to inject Botulinum toxin into the bladder with the use of a flexible cystoscopy

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To inspect your urethra and bladder*
- *To inject Botulinum toxin into bladder wall to relieve symptoms of overactive bladder (OAB)*

Significant, unavoidable or frequently occurring risks:

- *Burning or bleeding on passing urine*
- *Difficulty passing urine requiring the use of intermittent self-catheterisation.*

Uncommon but more serious risks:

- *Urine infection requiring antibiotics.*

Rare but serious risks:

- *Generalised weakness due to the effect of the toxin on the muscles of the body, requiring admission to hospital.*
- *Hospital acquired infection.*

Any extra procedures which may become necessary during the procedure (including associated risks):

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Flexible cystoscopy and injection of Botulinum toxin into the bladder (CHA3759) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Flexible cystoscopy and injection of Botulinum toxin into the bladder (CHA3759) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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