

Botulinum toxin (botox) therapy



What is botulinum toxin (botox) therapy?

Your doctor has requested this procedure because you have been diagnosed with a disorder which affects the contraction of your oesophagus (gullet). This disorder can be caused by achalasia (a condition where the lower gullet muscle becomes very tight) or by disorders of more widespread spasm of the gullet. Swallowing can also be affected.

Your doctor has decided to treat this condition with botulinum toxin (also known as botox). The botox can be injected directly into the muscle of the gullet wall using a special needle, which can be passed down an endoscope (a long, thin, flexible (or rigid) tube with a light and a video camera). The botox paralyses the muscle, which can improve symptoms for up to a month.

Sometimes it is helpful to take a biopsy (a small sample of the lining of the gut). We use a small instrument (forceps) passed through the endoscope to pinch out a tiny sample of the lining, which we send to the hospital laboratory for analysis – you will not feel this.

Occasionally botox therapy is performed to the outlet of the stomach in patients with delayed gastric emptying (gastroparesis).

How do I prepare for it?

Don't eat or drink anything for 4 hours before your appointment. Wear loose fitting clothing and leave any valuables and jewellery at home.

The nurse who admits you will explain the procedure and answer any questions you may have. You will be asked to sign a consent form but you can change your mind about having your procedure at any time.

What if I have diabetes?

Please check with your GP diabetic link nurse regarding how to prepare for this appointment. Diabetic patients should be booked on to appointments at either the start of the morning or afternoon list – please call the number on your appointment letter if you have been given an appointment after 9am in the morning or after 2pm in the afternoon so we can change your appointment.

Will I need any anaesthetic or sedation?

The procedure can be carried out either under intravenous sedation or using a throat spray.

What if I choose sedation?

You will be given an intravenous sedation (by injection into a vein) to make you feel relaxed and sleepy. However, this isn't a general anaesthetic and you won't be unconscious.

This option means you may not be aware of the procedure. The disadvantages of sedation include that you will need to:

- stay in the department for an hour or more after your test
- be escorted home and have someone with you overnight.

The injection will continue to have a mild sedative effect for up to 24 hours so you must not drive, sign important papers or operate machinery during this time. You must arrange for a responsible adult to drive you home and stay with you overnight. **We will have to cancel your procedure if you do not have someone to take you home.**

What if I choose the throat spray?

With this method sedation is not used but the throat is numbed with a local anaesthetic spray, which has an effect very much like a dental injection. The benefit of choosing throat spray is that you are fully conscious and aware, can go home unaccompanied, and are permitted to drive and carry on your usual life as normal.

How long will it take?

Your appointment time is for your pre-procedure check and not the time of your actual examination. The length of time you will be here can vary but may be anything from two to four hours or more as we are also an emergency unit and unexpected delays may occur. The nurse who admits you will be able to give you more information during your admission check. If you have someone to take you home after your procedure please bring their telephone number with you so we can call them when you are ready to be collected.

What happens during the procedure?

A trained nurse will stay with you throughout and you will be asked to put on a gown and lie on a couch on your left side. The endoscopist will give you a sedative injection at this point (if you have asked for it) and we will give you a guard into your mouth so you do not bite and damage the endoscope or your teeth. We will also put a plastic 'peg' on your finger to monitor your pulse and oxygen levels.

The endoscope will go through your mouth and you may gag slightly, this is normal and will not interfere with your breathing. We will also put some air in to you during the procedure so that we have a clear picture and this may make you burp a little. This is also quite normal but some people find it unpleasant. We will remove the air at the end of the procedure. However, if you make it clear that you are too uncomfortable the procedure will be stopped.

What are the possible risks?

- In a very small number of cases there is the risk of haemorrhage (bleeding) or perforation (tear) of the gullet and surgery may be necessary to repair it.
- There may be a slight risk to crowned teeth or dental bridge work and you should tell the endoscopist if you have either of these.
- Other rare complications include aspiration pneumonia (inflammation of the lungs cause by inhaling or choking on vomit).
- An adverse reaction to the intravenous sedative or analgesia can be a rare complication.

What happens afterwards?

If you haven't had any sedation you will usually be able to go home immediately after your procedure.

If you have had sedation, then you will be taken to the recovery area and we will give you a drink and biscuits. We will always do our best to respect your privacy and dignity (such as the use of curtains and providing single sex clinical areas) but if you have any concerns at all please speak to the nurse in charge. You can usually go home up to an hour after the procedure.

Following sedation we advise you not to drive, operate machinery, return to work, drink alcohol or sign any legal documents for 24 hours afterwards.

When will I get my results?

You will usually be given a copy of your procedure report before you leave the department, which we also send to your GP. We will also give you information on what follow up has been arranged or will advise you if no further follow up is necessary.

If biopsies were taken, you should receive the results either from the hospital doctor who requested the procedure (if you are to be seen in clinic again) or by letter to you and/or your GP. The results may take several weeks to come through.

Any questions?

Please contact the telephone number on your appointment letter if you have any queries before your actual appointment. If you have any queries following your appointment, contact your own GP or your hospital consultant's secretary.

Please note we are a training centre for endoscopy training and all training lists are closely supervised by a senior Consultant specialising in endoscopy procedures - please contact the telephone number on your appointment letter if you do not wish to participate in same.

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

