



Botox *Where?* You're Kidding!

So you have tried all the bladder medications out there and they don't work, or they work poorly and have significant side effects. You have been given a limited set of options and none of those ideas have seemed to be viable, so what's up about botox? A lot it seems, and we are not talking about Botox being used for facial wrinkles.

While we have seen shows on Botox for wrinkles and heard of Botox parties (or maybe attended one!), it seems researchers thinking outside the realm of cosmetic surgery have found a new off-label use for the drug. Beginning around 2000, researchers began experimenting with spinal cord patients because of their known problem with bladder over activity. Patients had their bladders injected with various doses of Botox, and patients became dry. Even more impressive were that the results lasted from several months to almost a year. The trial was expanded to other groups of patients, and eventually to patients' refractory to medical therapy. The results have persisted in this group as well.

So what does this entail and why aren't patients rushing to office to have this done? Depending on the patient's preference, the procedure can be done in the office (if offered) or in the operating room or outpatient surgical suite. After appropriate anesthesia, a small tube is placed into the bladder and multiple injections of Botox are made throughout the bladder wall. It is not uncommon for 20-50 sites to be injected during a procedure, using several vials of Botox. The effects are not usually immediate and can take several days to a

week before bladder urgency and frequency are improved, and some patients may not respond altogether (up to 25% in some populations). While Botox is approved for a number of muscle relaxing problems, it has not yet been approved for bladder overactivity at this time (the correct terminology is off-labeled use), and the injections may not be covered by insurance. Since the procedure is clearly not cosmetic, it is hopeful that more insurance carriers will start to cover Botox for treatment of patients with severe bladder urgency and frequency.

Are there any down sides to the procedure? If the procedure is performed in a surgical suite, you may feel groggy for a day or two until the anesthesia wears off. There may be some blood in the urine, or your urine may take on a light green appearance. Both should clear spontaneously. Regarding the Botox itself, in some patients, the injection works so well that patients are unable to void. Luckily, Botox is not permanent and spontaneous voiding will return. Patients should also understand that Botox is not a permanent procedure. After time, many patients will experience a return of their frequency and urgency and need another injection into the bladder. The dose of Botox can be reduced if patients experience difficulty voiding after an injection session.

Botox is injected into the bladder wall, some patients may develop antibodies to Botox. This will most likely reduce the effectiveness of the treatment. Likewise, patients who do not respond to an initial injection should not undergo subsequent therapies with this modality.