

Botox offers hope to women with incontinence

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When most people hear Botox, they think of injections to the face to combat wrinkles and aging.

While its first use may have been cosmetic, doctors have since begun using the muscle weakening protein to treat patients with neurological disorders, migraines and, now, female incontinence.

[Botox](#) is FDA approved for patients who have urge incontinence caused by an overactive or neurogenic bladder. This common type of incontinence causes bladder spasms and results in urinary leakage.

According to Vanessa Elliott, a [urologist](#) at Penn State Hershey Medical Center, the procedure takes only a few minutes, requires numbing, not sedation, and is pain-free. It eliminates a patient's need for daily medication and the unwanted side effects of those drugs.

Essentially, the procedure goes like this: Doctors place a scope inside the patient's bladder, a small needle goes through the scope, and the Botox is injected into the wall of the bladder.

Botox is not the first line of treatment, Elliott says. The drug is costly and often has to be approved by [insurance companies](#), with some requiring proof that other medications were tried and failed.

Patients are first offered daily medication in the form of a pill, patch or gel to treat the problem. For the vast majority of women, the drugs

either fail to work or cause intolerable side effects such as [dry mouth](#), constipation, [facial flushing](#), and, in older patients, confusion. The side effects force patients to discontinue use even if the medication worked for the bladder.

Once they have tried and failed one or two of those medicines, patients are then offered Botox, Elliott says. They generally need to repeat the procedure every six to 12 months and have no systemic side effects, as the Botox only affects the bladder.

The injections allow incontinence patients to go to the bathroom less frequently and have fewer incidents of leakage between bathroom visits. For some patients, who have [spinal cord injuries](#) or [multiple sclerosis](#) and have to catheterize themselves every 4 to 6 hours during the day, the Botox procedure allows them to stay dry in between catheterizations.

"The improvement is significant if Botox works for these patients," said Elliott, who reports a 75-percent success rate with the procedure.

The procedure does have risks. Because the needle is stuck into the bladder multiple times, a small risk of blood in the urine exists. There's also a small risk of getting a urinary tract infection. Patients receive antibiotics to combat this possibility, and Elliot said she will not do the procedure on anyone with an active infection.

Elliot said that the biggest risk is if a provider uses the full FDA-approved dose. A possibility exists for the bladder to become so relaxed that the patient can't void on her own temporarily. Only about 10 percent of women experience this after the procedure and need to catheterize themselves for a few weeks to a couple months until the effect diminishes.

Provided by Pennsylvania State University

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