Urinary Incontinence Associated with a Neurological Condition

The Role of BOTOX®

BOTOX® onabotulinumtoxinA
Your physician has prescribed BOTOX® (onabotulinumtoxinA) to help reduce leakage of urine in patients suffering from a neurological condition.1

This pamphlet has been designed to help you understand more about your condition and about BOTOX®—what it is and how it can help you.

There are questions you may want to consider when discussing BOTOX® therapy with your doctor. Some of these may include: What does BOTOX® do? What are its side effects?

Keep this pamphlet, and use it as a reference in future should you have more questions about your treatment.
Many people living with multiple sclerosis (MS) experience some form of urinary incontinence at some point in their disease progression. It’s estimated that more than 80% of people living with MS have bladder control problems.¹

**HOW DOES MS AFFECT BLADDER CONTROL?**

Multiple sclerosis is a disease that attacks the myelin (or “insulation”) surrounding the nerves. The result is that messages travelling between the brain and other parts of the body are interrupted and slowed, causing a kind of communication breakdown between the brain and bodily functions. This includes messages sent between the bladder and the brain.¹

The most common bladder-related problem that MS patients experience is overactive bladder (OAB). For MS patients, this can cause the same kinds of symptoms that spinal cord injury patients face, such as bladder contractions and squeezing out urine without warning.¹

Depending on the type of spinal cord injury, two types of bladder dysfunction can occur:

- The bladder tends to hold less urine than it did before the injury, and the bladder muscles may spasm involuntarily, resulting in frequent and small urinations.²
- The bladder loses its ability to contract and is stretched out, allowing more urine to accumulate, which then causes the bladder to “overflow” or leak.²
BOTOX® Treatment and Urinary Incontinence

HOW OFTEN WILL I HAVE TO GET BOTOX® TREATMENTS?

Every patient is different and will respond differently to BOTOX® treatments. Patients may be considered for reinjection when the clinical effect of the previous injection diminishes, but no sooner than 3 months.³

WHAT IS BOTOX®?

BOTOX® (also known as onabotulinumtoxinA) is a sterile form of purified botulinum neurotoxin type A complex.³

BOTOX® is used to treat leakage of urine (urinary incontinence) due to a neurological condition in patients with multiple sclerosis and spinal cord injury who have had an inadequate response to or are intolerant of anticholinergics.³

HOW DOES BOTOX® WORK?

BOTOX® works by temporarily weakening the overactive muscles that may cause the leakage of urine. Studies have shown that BOTOX® significantly reduced leakage of urine for patients who experience neurogenic detrusor overactivity resulting from neurogenic bladder associated with a neurological condition like multiple sclerosis or spinal cord injury.³
WHAT HAPPENS DURING THE PROCEDURE?

Your procedure may take place in a hospital or doctor's office. To ensure your comfort, the doctor will give you local or general anesthesia, depending on your situation. To start the procedure, your doctor will use a tool called a cystoscope, which is a special instrument used to see the interior of the bladder so that the injections can be made into the bladder muscle. After the procedure, you may be asked to stay in the doctor's office for a few moments so that the doctor can see if you are able to pass urine on your own.
BOTOX® Treatment and Urinary Incontinence Associated with a Neurological Condition

WHAT HAPPENS AFTER THE PROCEDURE?
Your doctor may give you a prescription for antibiotics in order to prevent a urinary tract infection. You may also receive instructions on how to use a catheter, if you have not used one before. Your doctor will also advise you when to schedule a follow-up visit and discuss with you the timing for future procedures, once the effects of the initial BOTOX® treatment have waned.

WILL I NEED TO CATHETERIZE AFTER RECEIVING BOTOX®?
BOTOX® temporarily weakens the overactive bladder muscles, which means that some patients will need intermittent catheterization to fully empty their bladders. If you don’t already use a catheter, your health care professional can help you understand the procedure and the risks involved.

WILL I RECEIVE THE SAME QUANTITY OF BOTOX® EACH TIME I AM TREATED?
The recommended dose for each procedure is 200 units of BOTOX®.

IS BOTOX® COVERED BY PUBLIC OR PRIVATE INSURANCE PLANS?
BOTOX® may be covered by your provincial health plan or private insurer. Speak to your physician to find out whether the cost of BOTOX® can be reimbursed for your condition.

Things to Consider Before Treatment

WHEN SHOULD BOTOX® NOT BE USED?
BOTOX® should not be used if you:
- Are allergic or sensitive to any of the ingredients
- Have an infection in the muscles where BOTOX® would normally be injected
- Have any muscle disorders in other parts of your body, including myasthenia gravis, Lambert-Eaton syndrome, or amyotrophic lateral sclerosis
- Are being treated for leakage of urine with BOTOX® and have either a sudden onset of urinary tract infection or a sudden inability to empty your bladder (and are not regularly using a catheter)
- Are not willing or able to have catheterization initiated

Before starting BOTOX® treatment, you may want to talk to your doctor or pharmacist if you:
- Have been or are currently being treated with BOTOX® for other conditions
- Are scheduled to have surgery using a general anesthetic
- Are taking or are likely to take antibiotics, especially aminoglycoside antibiotics
- Are pregnant or become pregnant while taking this drug—repeated doses of BOTOX® given to rabbits during pregnancy have caused abortion or fetal malformations
- Are nursing—it is not known whether this drug is excreted in human milk, but many drugs are excreted in human milk
- Have had any previous episodes of autonomic dysreflexia
ARE THERE SIDE EFFECTS ASSOCIATED WITH BOTOX® TREATMENT?

Some patients who had BOTOX® treatment for urinary incontinence due to neurogenic detrusor overactivity reported side effects. The most common side effects included urinary tract infections, inability to empty the bladder, problems with walking, falls, muscle weakness, muscle spasm, formation of bulging pouches in the bladder wall (bladder diverticulum), fatigue, difficulty sleeping (insomnia), constipation, blood in the urine after the injection*, painful urination after the injection*, or possible uncontrolled reflex reaction of your body (e.g., profuse sweating, throbbing headache) at the time of or after the injection*.3

Seek immediate medical care if swallowing, speech, or respiratory problems arise.³

This is not a complete list of side effects. For any unexpected effects while receiving BOTOX®, contact your doctor or pharmacist.

* Some of these common side effects may also be related to the injection procedure.³

Frequently Asked Questions

WHEN CAN I STOP GETTING BOTOX® TREATMENTS?

This is a question best answered by you and your doctor, as it depends on your individual response to BOTOX®.

IS THERE ANYTHING I SHOULD TELL MY DOCTOR WHILE I AM BEING TREATED WITH BOTOX®?

Let your doctor know if you experience any serious side effects after treatment, such as a urinary tract infection or the inability to empty your bladder.³

Tell your doctor if you experience any difficulties swallowing food while on BOTOX®, as this could be related to the dosage. Difficulty in swallowing food, ranging from very mild to severe, can persist for two to three weeks after injection, or even longer.³

Finally, tell your doctor if you are taking other medicines, including any you have bought at your pharmacy, supermarket, or health food shop. If you are being treated for leakage of urine with BOTOX®, tell your doctor if you are taking any anti-platelets (aspirin-like products) and/or anti-coagulants (blood thinners).³
HOW WILL I KNOW THAT BOTOX® IS WORKING?

It may be helpful to keep an incontinence diary to track the number of incontinence episodes you experience on a weekly basis. If after a treatment with BOTOX® you notice a drop in the number of incontinence episodes you are having on a weekly basis, this could mean that BOTOX® treatment is working for you.

CAN I BE TREATED WITH BOTOX® FOR URINARY INCONTINENCE ASSOCIATED WITH A NEUROLOGICAL CONDITION IF I AM ALREADY RECEIVING BOTOX® TREATMENT FOR ANOTHER CONDITION?

It is important that you let your doctor know that you are receiving BOTOX® for another condition. Your doctor will determine the appropriateness and timing of treatment cycles.

CAN I RECEIVE BOTOX® INJECTIONS IF I AM TAKING OTHER MEDICATIONS?

It is possible to receive BOTOX® injections while taking other medications, but it is important that you tell your doctor about the medicines you are taking, including any you have bought at your pharmacy, supermarket, or health food store.3

ARE THERE ANY POSSIBLE DRUG INTERACTIONS WITH BOTOX®?

The effect of BOTOX® may be increased by certain types of antibiotics known as aminoglycoside antibiotics (e.g., streptomycin, tobramycin, neomycin, gentamicin, netilmicin, kanamycin, amikacin), spectinomycin, polymyxins, tetracyclines, lincomycin or any other drugs that interfere with neuromuscular transmission.3

WHERE CAN I GET MORE INFORMATION ON URINARY INCONTINENCE ASSOCIATED WITH A NEUROLOGICAL CONDITION?

The following is a list of resources you can use to find more information about neurogenic detrusor overactivity.

WEBSITES

Canadian Urological Association: www.cua.org/patient_information_e.asp


Alberta Education Initiative—Spinal Cord Injury Management Multimedia Presentation (includes slideshow chapter on neurogenic bladder): www.clrmedia.org/sci

The Canadian Continence Foundation (TCCF): www.canadiancontinence.ca

American Urological Association: www.urologyhealth.org

IN PRINT


REFERENCES

