

## Botox<sup>®</sup> use in Paediatric Urology Patients

Botox<sup>®</sup> is used to temporarily block signals to muscles and nerves. The effect can last up to 6 to 9 months.

### Why is it used in children's urology?

The bladder is a muscular pouch that stores urine.

Normally:

- The bladder sends messages to the brain when getting full to signal it's time to pass urine.
- The brain helps control when it is appropriate to release urine.
- At the right time, the bladder contracts while the outlet sphincter (valve) relaxes to allow urination.

However, some children have bladder control issues due to:

- Overactive bladder – bladder contracts even when not full.
- Detrusor sphincter dyssynergia – poor coordination between bladder and sphincter muscles.
- Neuropathic (neurogenic) bladder – abnormal nerve signals affecting relaxation or contraction.

By injecting Botox<sup>®</sup> directly into the bladder muscles it can help relax the bladder to:

- Improve the bladder's storage capacity
- Decrease bladder overactivity and improve stability
- Reduce pressure on the kidneys
- Improve urinary incontinence

### What tests are needed before treatment?

Your child will be assessed by a paediatric urologist. Tests might include:

- Bladder diary, which is a 48 hour record of the bladder's activity and urination.
- Urine flow studies or bladder function tests
- Ultrasound of the kidneys and bladder

Other tests may be required on an individualised basis.

### What are the treatment options?

Your child will be assessed by a paediatric urologist. There are other medicines that can be used to help relax the bladder. Each of these options have benefits and drawbacks that your treating clinician will discuss.

## How is Botox given?

- The procedure involves a cystoscopy (a tiny camera passed through the urethra (small hole where the urine comes out) into the bladder).
- Botox® is injected into the bladder muscle using a fine needle.
- It is performed under general anaesthetic.
- Children generally go home the same day once recovered.

## Possible side effects or complications?

### Common issues:

- Pain during urination (dysuria): usually mild and resolves in 1 to 2 days.
- Blood in urine: pink/red urine is common and temporary.
- Urine infection: this may happen any time in the first month after treatment but is uncommon.

### Rare complications/side-effects:

- Lower abdominal pain
- Constipation
- Difficulty emptying the bladder properly

### Seek medical advice if:

- Your child has a fever above 38°C
- Cannot pass urine for 8 to 12 hours or is passing urine all the time and complaining
- Has heavy bleeding or painful urination that can't be managed with hydration and over-the-counter pain relief

## What results can you expect?

- Botox® begins to work within a few days, and most families notice treatment effects after a few weeks.
- Most children see improvement in bladder control and reduced leakage.
- Effects typically last 6 to 9 months but can vary between individuals. Sometimes other bladder relaxing medications need to be added after the operation.
- Sometimes repeat treatments are necessary:

## To achieve the best outcome:

- Have your child continue to drink well throughout the day, using a urine colour chart.
- Make sure they continue to pass urine regularly every 2-3 hours.
- Make sure that bowel function remains normal.

**This document is intended for information purposes only and does not replace discussion or advice that your healthcare team give you**

## What is the follow-up?

- Your child will have follow-up appointments to monitor effectiveness.
- Repeat tests may be needed.
- Botox® injections may be repeated if the effects wear off.
- After the first cycle, your surgical team can better predict if other treatments or repeat injections might be needed.

## For information see our information sheets on:

- Pain Relief
- [Children's anaesthetics - Frequently Asked Questions \(FAQ\)](#)
- [Paediatric Day Procedure - General Information - after procedure](#)

## For information



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Call **131 450** for a TIS National Interpreter