



# Botox

## What is Botox?

Botox is a medicine made from a kind of bacteria called *Clostridium botulinum*. Small amounts of Botox are used to treat some health problems. Since the 1980s, Botox has been used safely and effectively to treat eye muscle spasms, frown lines, migraine headaches and too much sweating. It has been used to treat bladder problems since the late 1990s. A few years ago, we started to use Botox to treat children with voiding problems, such as daytime wetting. Botox can be a good choice when other medicines and treatments do not work.

Botox is used in children who have bladders with increased muscle activity. Increased muscle activity makes it hard for the bladder to store even small amounts of urine. Botox can also be used in children who cannot relax their urinary sphincter or pelvic floor muscles. These muscles need to be relaxed to allow the bladder to empty completely. Botox helps these muscles relax, which takes pressure off of your child's bladder and protects their kidneys.

## What else should we know about Botox?

Botox works well for children who cannot take other bladder-relaxing medicines, such as oxybutynin.

Botox works for 12 to 24 weeks. Because this treatment is somewhat new, your insurance company may not fully cover it.

## How do we prepare?

Your child will meet with a special doctor called a urologist. The urologist will have a urodynamic study done on your child. This study lets the doctor see how your child's bladder and urethra work. We will schedule your child for a "day surgery" procedure. In most cases, your child will not need to spend the night in the hospital after this procedure.

## How is Botox given?

We mix small pieces of Botox with sterile saline water to create a solution. Your child will be given anesthesia (sleep medicine). While your child sleeps, the surgeon injects the Botox through a long, thin tube through the urethra. A small camera placed inside the bladder (called a cystoscope) helps the surgeon place 20 to 30 small injections inside your child's bladder wall.

## Caring for my child after surgery

### When may my child eat?

- Nausea and vomiting (throwing up) are common after surgery. If this occurs, a clear liquid diet given slowly will help.

### To Learn More

- Urology  
206-987-2509
- Ask your child's nurse or doctor
- [www.seattlechildrens.org](http://www.seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY).

- When fully awake, your child may have clear liquids like 7-Up, Jell-O, Popsicles and apple juice.
- If your child is not sick to their stomach or throwing up and is fully awake, your child may then start their normal diet.

### What should I expect after cystoscopy?

Your child may:

- Have urine that looks pink for up to 24 hours after the procedure.
- Notice a burning feeling while peeing the first few times after surgery. Give your child lots of water. Watering down the pee will help get rid of the burning or stinging feeling.
- Have a hard time peeing. It may help to have your child sit in a tub of warm water and try to pee. Smaller children will often pee when they fall asleep. Have your child pee at least every 3 hours after surgery during the daytime.

Tylenol will not usually get rid of the discomfort.

### How much activity can my child do?

Watch your child closely the day of the cystoscopy. Most children can go back to normal activity in 24 hours.

### When should I call a doctor?

If your child is having any problems, call our office at 206-987-2509 during the day. After hours, call 206-987-2000 and ask the hospital operator for Urology.

Call us if your child has any of these warning signs:

- Fever higher than 101.5°F (38.6°C)
- Bright red urine or a lot of blood
- Severe, constant pain at the surgery site
- Inability to pee in 8 to 12 hours after the procedure