

BOTULINUM TOXIN (BOTOX[®], DYSPORT[®])

Botulinum toxin (BT) or Botulinum toxin Type A (BONTA) is a purified toxin from bacteria, which acts as a selective muscle weakening and/or paralysing agent. The effect is reversible. BT is widely used in medicine for a variety of conditions such as painful muscle contraction, migraine or excessive sweating. At WHRIA we use Botulinum Toxin to treat perineal and pelvic pain considered related to over contraction of the muscles around the rectum and vagina, the so-called pelvic floor muscles (PFM).

WHAT IS BOTULINUM TOXIN?

Botulinum Toxin is a purified toxin from the bacteria *Clostridium botulinum*. The toxins were discovered during the investigation of a serious illness caused by spoiled food.

Several toxins are produced by the bacteria, but only two are commercially available for use in medical applications. The most common one is Botulinum toxin Type A (BONTA), which is the one we use.

Injection of a muscle with Botulinum toxin results in muscle weakness, preventing over contraction and pain. The reduction in use of the muscle will also cause a reduction in size (bulk) of the muscle. This is the reverse of 'body-building'. Bulky muscles can be an impediment for normal organ function such as defecation or can produce a functional 'obstruction' for nerves and blood vessels and contribute to your pelvic pain symptoms.

WHEN DO WE RECOMMEND TREATMENT WITH BOTULINUM TOXIN TYPE A?

For the treatment of muscle over contraction

Conditions which are associated with abnormal muscle contractions of the muscles around the vagina and rectum include:

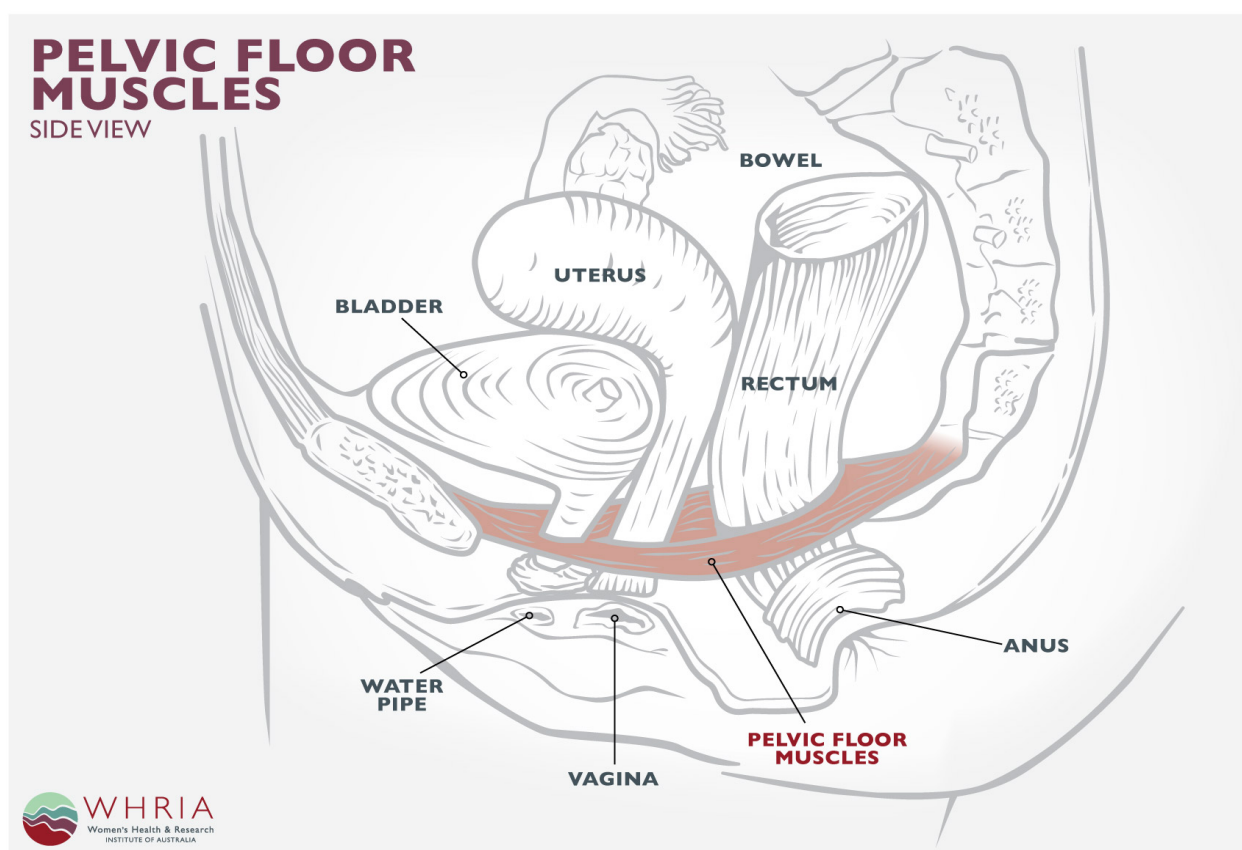
- Vaginismus (involuntary contraction of muscles)
- Dyspareunia (painful sex)
- Proctalgia fugax (rectal and coccyx pain)
- Urination problems
- Constipation

Most women (and men) will be able to re-educate their pelvic floor muscles through retraining such as bio-feedback and physiotherapy, without the need for injections.

Pelvic floor physiotherapy involves a number of treatment modalities such as pelvic floor muscle contract-hold-relax-exercises, vaginal dilators, trigger point releases and hip and buttock muscle stretches. Good bladder and bowel habits are also discussed.

Failure to improve or lack of progress may lead us to recommend the use of Botulinum Toxin injections. In particular cases, we will also recommend psychotherapeutic techniques such as self-hypnosis.

The main aim is that BT provides a window of opportunity to rehabilitate overactive PFM without the pain of muscle over contraction. You will need to continue working under the supervision of an experienced pelvic floor physiotherapist to obtain the maximum benefit.



For treatment of perineal pain of unclear origin

Some perineal conditions, which have been treated with injections of Botulinum toxin include:

- Focal or generalised vulvodynia (vulval pain)
- Urethritis
- Anismus (anal pain)

When abnormalities of the skin and glands have been eliminated, and there is continued pain, some people may benefit from injections of small amounts of Botulinum toxin. It is thought that the toxin blocks the transmission of the pain signal.

CO2 fractional laser is a new treatment available at WHRIA for focal vulval pain and vaginal atrophy. Read more about this non-invasive treatment in the News & Resources section of our website.

WHAT ARE THE SIDE EFFECTS OF BOTULINUM TOXIN?

Some people may experience bladder or bowel urgency or difficulty with controlling wind (flatus) or the bladder. If this happens it is transient and this confirms that the BT is working in the PFM. The duration of these inconveniences rarely exceeds twelve weeks.

Women with pre-existing incontinence (urinary and faecal) will experience a transient exacerbation of their problems.

Please note

The pharmaceutical companies producing the commercial toxins officially state that pregnancy and breastfeeding are not recommended for six months following BT injections. However the use of BT in pregnancy has not been formally studied and in our 12+ year experience, we have not observed any negative effects.

If you are very flexible in your joints (hypermobility), BT injections may not be suitable for you.

WHRIA BOTULINUM TOXIN TREATMENT PROTOCOL

First consultation

Your general practitioner may refer you to one of WHRIA's allied health professionals or physicians. After a careful history is taken and an examination performed, the doctor or physiotherapist will discuss with you a treatment plan. For most people this will involve conservative management first, unless you have already trialed conservative treatment elsewhere.

The injections

The injections are conducted in the operating theatre while you are asleep. Most procedures are scheduled on a Saturday for added convenience. The hospital will call you the afternoon before your scheduled procedure to tell you what time to arrive at the hospital.

Please present to the Admission office on the 5th floor, Prince of Wales Private Hospital, Randwick.

The doctor performing your procedure will inject the BT into several sites of your PFM via a fine needle. Your physician and physiotherapist will consult prior to decide which muscles require the injection. A few hours later, when you are able to 'perform normal daily activities' (including emptying your bladder) you will be allowed to return home.

You will be unable to drive or return to work on the day of the injections and you must have someone to accompany you home. Most people are able to return to full duties within 48 hours of the treatment.

Follow-up appointments

Please call WHRIA on 1300 722 206 to make a follow-up appointment at about 3- 4 weeks post injection with the pelvic floor physiotherapist. If you have been doing dilators prior to the BT injections, continue to do these until the night before the injections. Restart your conservative treatment regimen as per the instructions given to you by the pelvic floor physiotherapist prior to the injections.

If you receive conservative treatment elsewhere, you should follow the instructions of your respective practitioners.

How long does BT last?

BT takes approximately 10 days to begin to work. By week 3-4 post injection it will be starting to have its effect on the muscle which will then reach a plateau at around 4-5 months post injection. Think of it like this: if you break your arm and have a plaster on for 6 weeks, the muscles stop contracting and they lose bulk. This is one of the results we aim to achieve by using BT in overactive, bulky and painful PFM. By 6 months post injection we would expect the BT to expire. This does not necessarily mean that your pain and muscle over activity will return. If you are diligent with your PFM stretches and dilators well beyond the 6 month expiry, you usually see a prolongation and maintenance of the effect of the BT in the PFM. Repeat injections may sometimes be required and your doctor or physiotherapist can discuss your suitability for this.

Cost

At this stage Botulinum toxin for treatment of pelvic and perineal pain is not rebated by Medicare. You will need to cover the cost of the vial of BT used for the injections. WHRIA buys Dysport® in bulk and passes the savings on to you.

For more information about the 2014 decision for Medicare rebates in Australia, or to sign the petition, click [The Pelvic Pain Foundation of Australia: Botox for Pelvic Pain Campaign.](#)