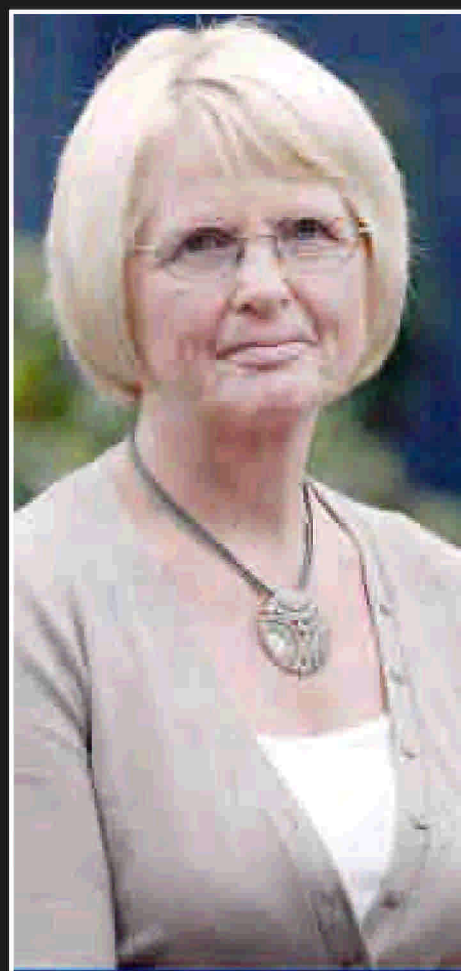


Botox jab that cured my very personal problem



Picture: PHIL O'CONNOR

Carol Ronsey: 'At last I feel normal'



ME AND MY OPERATION

INCONTINENCE JAB

AS MANY as one in three British women suffers from incontinence, but a new procedure using Botox is helping to treat the condition. Here, Carol Ronsey, 56, from West Sussex, who works as a quality control officer in a factory, describes her experience to CHARLOTTE DOVEY, while her specialist explains the procedure.

THE PATIENT

WHILE most mothers look back at their child's wedding with fondness, my overriding memory of my daughter Kim's wedding was worrying about having an accident.

Standing for any length of time exacerbated my incontinence problem and I couldn't focus on anything — not even my beautiful daughter — because of my continual need for the loo.

I've always needed the loo more often than most — probably around seven times a day. But when I hit my mid-30s it worsened terribly and I developed a sudden and urgent need to go to the loo as often as 20 times a day.

I tried to control it by not drinking after 9pm and cut down from five to just one cup of tea a day, but nothing worked. And worse still, the 'urge' would just come over me — whether in the supermarket, in a restaurant or even on a bus.

Trying to hold on was physically painful despite the fact I knew my bladder couldn't be full. And if there was no loo around, I'd panic. I remember vividly having to sprint to a toilet in my local Tesco and when I got there, I passed only a tiny amount of urine.

After a while I had no choice but to wear incontinence pads, but my sheer embarrassment prevented me from seeking help. I didn't even mention it to my then husband.

After several years the condition had taken over my life. Finally I went to see my GP — I was prescribed some tablets to tighten my pelvic floor muscles, but they were useless. A physiotherapist then showed me exercises to tighten them, but they, too, did nothing.

I was then referred to a specialist in London. An internal examination showed I had an excessively large womb — the incontinence was caused by it pressing down on my bladder. The only solution for me was

a hysterectomy, where the womb is removed. So in 1990 I had the operation. But, horrifically, this made no difference either.

Afterwards, I plunged into terrible depression. To have gone through so much and still be suffering was very hard to cope with. The final option was a urinary bypass — the removal of the entire bladder, which meant I would require a stoma bag for my urine — something I really didn't want.

For the next decade-and-a-half, my focus was coping with the problem.

Two years ago I was referred to Mr Mohammad Shamim Khan, a consultant urologist at Guy's and St Thomas' Hospital, London. He mentioned a clinical trial he was overseeing, involving BTA (Botulinum neurotoxin type A, known as Botox) being injected into the bladder to treat incontinence. It numbs the nerves in the bladder, which contract more than they should.

I had the treatment two months later. The whole procedure, carried out under local anaesthetic and as a day patient, was uncomfortable — rather like pinching but inside my tummy — yet not painful. The procedure lasted around 20 minutes and afterwards I felt no pain at all and went home.

Just five days later, the problem cleared up. From desperately needing the loo around 20 times a day, it went down to just seven times. After around nine months the effects did start to wear off and I went back for a second injection. I will need to have these 'top-ups' indefinitely.

The change to my life is immeasurable. Quite simply, after 20 years of problems, at last I feel normal.

THE SURGEON

MR MOHAMMAD SHAMIM KHAN is a consultant urologist at Guy's and St Thomas' Hospital and at The London Clinic. He says:

WHEN I met Carol she was at her wits' end — her incontinence was affecting her whole life.

Urge incontinence is a sudden and uncontrollable need to urinate — the bladder muscle becomes overactive and contracts.

Pregnancy can bring it on and the incidence increases with age. The cause is not properly understood, although it's thought to be linked to changes in the nervous system.

When the bladder is full, messages from nerve endings in the organ cause the bladder muscle to contract. In patients with incontinence

this occurs up to 20 times a day.

Pelvic floor exercises can help, as can drug therapy. Anticholinergic tablets block the release of messages from the nerves that control the bladder's contractions and are effective in 60 per cent of sufferers. But others may have to resort to surgery to tighten or support the muscles.

If all else fails, a urinary bypass and the need for self-catheterisation may be the only option.

However, four years ago surgeons started using Botox as a treatment. When injected directly into the bladder, Botox prevents the nerves producing these neurotransmitters in the first place — and, in turn, prevents the bladder muscle from contracting so much.

Basically, it desensitises the action just enough to ensure you still need the loo, but you no longer need to go so often. As the Botox wears off, the treatment needs to be repeated. There is a possibility the body could become resistant to the Botox, but nobody has encountered that yet.

During the procedure we applied local anaesthetic gel to the urethra (the narrow channel through which urine passes from the bladder out of the body) and passed a flexible telescope into the bladder, where additional local anaesthetic was placed.

A needle was then passed up through the telescope to inject Botox into ten random sites in the bladder.

Carol was kept in for an hour after treatment to make sure she didn't suffer any adverse reaction, such as anaphylactic shock — a rare but dangerous allergic reaction to Botox — and to ensure she could pass urine easily. A little bit of blood in the urine is normal after such a procedure.

A week later, Carol noticed a real difference. The amount of time the effects last varies from person to person. On average it's around nine to 12 months, but it can last as long as 20 months. Either way, a simple top-up is all that's required to repeat the positive effects. And for people like Carol, it's a real life-changer.

■ **PRIVATELY**, the initial operation and further top-ups cost around £2,200 each time. It costs the NHS around £850 each time. For more details, visit www.thelondonclinic.co.uk.