

Botulinum toxin injection

This leaflet tells you about having botulinum toxin (Botox) injection during a gastroscopy to treat achalasia, it explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

Why do I need a botulinum toxin injection?

Botulinum toxin (Botox) is a naturally occurring protein produced by the bacterium *Clostridium botulinum*. An injection of Botox into a muscle causes temporary paralysis of that muscle. This lasts for several months or even over one year. In gastroenterology, Botox injection is used primarily to treat achalasia, a condition of the gullet that causes difficulty swallowing. Botox is injected into the muscle of the lower oesophageal sphincter.

Achalasia causes a delay of food passage through the oesophagus (gullet) and into the stomach. Botox injection is also used to treat various disorders of muscle spasm in the oesophagus. In these conditions the oesophageal muscle can go into spasm at various points along the length of the gullet. These contractions can be powerful and painful and the process of swallowing can also be compromised. In these conditions of the oesophageal muscle goes into spasms which can be painful making swallowing difficult.

Botox can be injected into the upper oesophageal sphincter to treat various swallowing difficulties swallowing, into the pylorus muscle of the stomach to treat gastroparesis, and into the anal sphincter to treat anal fissures.

You have been advised to undergo this investigation to treat your symptoms, and if necessary, to decide on further investigation and treatment.

How is the Botox injection carried out?

During a gastroscopy investigation, an endoscopist (doctor) will pass a catheter (thin tube) with a small needle through the scope, down through the mouth and into the gullet. The endoscopist will inject the Botox into the lining of the oesophagus.

Are there any alternative treatments?

Alternative treatments include peroral endoscopic myotomy (POEM), Heller myotomy (a traditional surgery), and pneumatic dilation. Your endoscopist can discuss these with you when deciding on treatment.

What are the potential complications of Botox injection?

Injection of Botox is generally a very safe procedure. Very rare complications include bleeding and infection. If you notice blood in your stool, black stool, fever, chills, vomiting, chest pain, stomach pain, or shortness of breath, contact your doctor as instructed on your discharge papers.

Summary of important information

- Botox is a safe procedure and a very good way to treat your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will be given priority over the less urgent cases.
- If you are taking anticoagulants please follow the advice in the enclosed booklet
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible.
- This information leaflet must only be used with the 'Therapeutic gastroscopy' leaflet.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7458, 0118 322 5249.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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