

CYSTOSCOPY WITH BOTOX INJECTIONS

PATIENT NAME:

SURGEON:

DATE OF PROCEDURE:

Diagnosis: OAB ___ NGB ___ Urge Incontinence ___ Mixed incontinence ___

The history, physical findings, current medications and indications were reviewed prior to the procedure. Antibiotic therapy was initiated 3 days ago and will be continued an additional 3 days. I discussed the procedure with the patient including possible complications. The patient was advised not to take any anticoagulants

Intra-procedural note:

In the supine position, the external genitalia was prepped and draped sterilely. Nurse inserted #14FR red rubber through the patient's urethra into the bladder. Local anesthesia of Lidocaine 2% 50mL was instilled into the bladder for 30 minutes. Vacuum-dried purified onabotulinumtoxinA (BOTOX) 100u ___ 200u ___ was reconstituted with 10mL ___ 20mL ___ of 0.9% non-preserved saline solution and mixed gently. Cystoscopy was performed using the flexible cystoscope and sterile water.

Cystoscopy Findings: URETHRA: WNL ___ ABNORMAL _____

PROSTATE: WNL ___ NA ___ ABNORMAL _____

VAGINA: WNL ___ NA ___ ABNORMAL _____

BLADDER: WNL ___ ABNORMAL _____

URETERAL ORIFICES: WNL ___ ABNORMAL _____

Prior to the start of injections, each needle was primed with approximately 1 mL of reconstituted BOTOX to remove any air. A 4-mm needle was attached to the syringe and inserted through the working channel of the cystoscope to gain access to the bladder. The needle was set to advance 2 mm into the detrusor. 0.5mL ___ 1mL ___ injections were administered, spaced approximately 1 cm apart, avoiding the trigone. For the final injection, 2 final 1mL aliquots of 0.9% non-preserved saline was injected so the full dose is delivered.

Postservice:

The injection materials and empty vial of onabotulinumtoxinA were disposed of by the nurse, consistent with locally applicable biohazard rules and procedures. The patient was observed and discharged when deemed to be stable in condition. A follow-up appointment was made, and the patient was advised to call if any side effects are noted or go to the ER if any serious adverse effects are noted (although none are expected).

Lot #: _____

Expiration Date: _____

Provider Signature: _____ Date: _____ Time: _____

Patient verbalizes understanding of instructions given

Patient Name:

Date of Birth: