


## SURGICAL DAY CARE PROCEDURE

**CATEGORY:** Program Specific  
**SUBJECT:** **LOCAL ANESTHESIA OF THE BLADDER  
FOR ELECTROMOTIVE DRUG  
ADMINISTRATION OF BOTOX**

**REVISION DATE:** December 2022

Page 1 of 2

<b>Document Owner:</b> Clinical Manager, Surgical Day Care	<b>Name:</b> Gillyan Gravelle
<b>Update Schedule:</b> Every three years, or sooner if required.	
<b>Stakeholder Consultation and Review:</b> MAIT Surgical Program Council Nurse Clinician Forum P&T Chief of Urology	<b>Date:</b> November 21, 2022 December 1, 2022 December 5, 2022 December 7, 2022 December 12, 2022
<b>Approval:</b>  Administrative Director, Surgical Program Council	<b>Date:</b> December 13, 2022

### PURPOSE

To outline the procedure for instilling local anesthetic into the bladder for electromotive drug administration (EMDA) of Botox.

### PROCEDURE

#### Equipment

- Catheterization tray
- 16 Fr Foley catheter – 5 mL balloon (if not included in catheterization tray)
- Hospital approved antiseptic
- Mask
- Flashlight
- Sterile gloves (non-latex)
- 10 mL luer tip syringe
- 10mL syringe with a blunt needle
- 10 mL 2% Xylocaine Urojet
- Sterile K basin prep tray
- 60 mL catheter tip syringe
- Decapper
- 200 mL of local anesthetic ordered by prescriber ( 2% Xylocaine with Epinephrine 1:100,000)
- Catheter plug
- Urinary drainage system for indwelling catheters (if patient must wait longer than 20 minutes prior to Botox procedure)

#### Special Instructions:

- Verify patient's procedure time prior to the instillation of the lidocaine to ensure maximum effectiveness

**CATEGORY:** Program Specific

**SUBJECT:** **LOCAL ANESTHESIA OF THE BLADDER FOR ELECTROMOTIVE DRUG ADMINISTRATION OF BOTOX**

---

### Method

On the order of a prescriber, the nurse will:

1. Perform hand hygiene and don appropriate PPE.
2. Assist patient to lie flat on the stretcher.
3. Verify the correct patient using two identifiers, as specified in HSNs Patient Identifiers Standards.
4. Assess the patient's baseline vital signs, medication history and drug allergies.
5. Verify the medications expiry date.
6. Check for accuracy and completeness of the prescriber's order.
7. Assess the patient's level of consciousness and ability to follow instructions.
8. Aseptically open the Foley catheter tray.
9. Add the hospital approved antiseptic and catheter (if needed) to the catheter tray.
10. Open the sterile K-basin and place it on the catheter tray.
11. Add the 60 mL catheter tip syringe and catheter plug to the sterile field.
12. Decap vials and add the 200 mL of local anesthetic into the sterile K-basin by withdrawing it from the vials using a 10cc syringe and blunt needle.
13. Prepare and position the patient for Foley catheter insertion.
14. Don sterile gloves and draw up the local anesthetic into the 60 mL catheter tip syringe.
15. Insert the Foley catheter.
16. Once the Foley catheter is inserted with the balloon inflated, drain all urine from the bladder into the catheter tray provided.
17. Attach 60 mL syringe to Foley catheter and slowly instill the local anesthetic into the bladder to the level of patient tolerance or to the maximum of 200 mL unless otherwise specified by the prescriber.
18. Once local anesthetic has been instilled, occlude the catheter and insert the catheter plug to avoid local anesthetic from draining out of the bladder.
19. Keep the local anesthetic inside the bladder for a minimum of 20 minutes before starting the Botox procedure. Allow the patient to rest comfortably during this period.
20. Doff PPE and perform hand hygiene After 20 minutes, perform hand hygiene and don appropriate PPE.
21. Occlude the catheter and remove the catheter plug.
22. Connect the Foley catheter to the urinary drainage system, allowing the local anesthetic to drain from the bladder. Allow the patient to rest comfortably until the Botox procedure begins. Should the patient be taken to the Operating Room (OR) prior to the completion of the 20 minute dwell time notify the OR nurse that catheter remains plugged and when dwell time will be complete,
23. Doff PPE and perform hand hygiene. Ensure documentation of medication administration and patient's tolerance of procedure.

### EDUCATION AND TRAINING

#### Education/Training Related Information

New staff to Surgical Day Care will be orientated to this procedure prior to performing it alone.

#### References and Related Documents

Giannantoni, A., Proietti, S., Costantini, E., Gubbiotti, M., Rossi De Vermandois, J., & Porena, M. (2015, May 20). *OnabotulinumtoxinA intravesical treatment in patients affected by overactive bladder syndrome: best practice in real-life management*. PubMed. <https://pubmed.ncbi.nlm.nih.gov/26044994/>

Hermieu, J., Ballanger, P., Amarenco, G., Chartier-Kastler, E., Cosson, M., Costa, P., Fatton, B., Saussine, C., Denys, P., Game, X., Haab, F., Karsenty, G., Le Normand, L., Ruffion, A., & Deffieux, X. (2014, September). *Guidelines for practical usage of botulinum toxin type A (BoNTA) for refractory*

**CATEGORY:** Program Specific

**SUBJECT: LOCAL ANESTHESIA OF THE BLADDER FOR ELECTROMOTIVE DRUG  
ADMINISTRATION OF BOTOX**

---

*idiopathic overactive bladder management.* Science Direct  
<https://www.sciencedirect.com/science/article/pii/S1166708714001675>

HSN *Patient Identification* – Standards

Schurch, B., Reitz, A., Tenti, G. (2004). Electromotive drug administration of lidocaine to anesthetize the bladder before Botulium-A toxin injections into the detrusor. *Spinal Cord*; 42: 338-341.

Shenot, Patrick J., Mark, Ryan. (2013). Intradetrusor onabotulinumtoxin A injection: how I do it. *The Canadian Journal of Urology*; 20(1):6649-6655.