

Department of General Surgery

Having Botox injections before abdominal hernia and abdominal wall reconstruction surgery

What is an abdominal wall hernia?

A hernia of the tummy (abdominal) wall is a bulging of the abdominal contents through an area of weakness in the wall. This weakness happens when layers of tummy muscles split apart and leave a gap. This can happen suddenly or through a scar from previous surgery (called an incisional hernia) or for other complex reasons. An abdominal wall hernia can range from small and simple to large and complex.

To repair the gap of the hernia successfully, your surgeon needs to close the gap with strong permanent internal stitches, and support this with a permanent (or semi-permanent) patch of material, often called a mesh. The mesh used in hernia operations is deemed safe.

If you have a large and complex hernia, your surgeon might have to split and cut different layers of abdominal muscles (abdominal wall reconstruction), to help close the hernia gap.

What is Botulinum toxin type A (BTA) or Botox?

Botulinum toxin type A (BTA) is commonly known as **Botox**. It is made by bacteria which is highly cleaned and filtered then mixed with water (diluted) and used in small doses.



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When a highly diluted dose of Botox is injected through a needle into a muscle, it blocks the signal from the nerve to the muscle and that muscle then relaxes. The effects last about 3 to 12 months. It is widely used as a treatment for various conditions.

Why have a Botox injection before your hernia surgery?

Repairing large and complex hernias can be complicated. By injecting Botox before your surgery, it will:

1. Stretch the abdominal muscles and reduce the size of the hernia gap by 30 – 50%. This will make it easier for the surgeon to close the hernia gap.
2. Reduce the muscle tension after your surgery and reduce the risk of your hernia coming back
3. Reduce pain after hernia repair surgery

Before your planned surgery for hernia repair or abdominal wall reconstruction, your surgeon will talk to you about the Botox injection. An alternative to Botox injection is a bigger operation involving peeling off and dividing layers of tummy muscles to close the hernia gap. Usually, Botox is injected 4 to 6 weeks before your hernia surgery.

What happens during the Botox injection procedure?

On the day of your Botox injection procedure, you will be admitted to a day unit in hospital. Before the injection, you will be asked to sign a consent form. You can ask any questions you have before you sign.

We will clean your skin where you will be injected with an antiseptic wipes. Local anaesthetic will be injected to numb the skin. Then we will be able to see muscle layers of your tummy using a scanner called an ultrasound probe.

A thin needle and disposable syringe will be used to inject very small amounts of Botox (200 - 300 Units) into the muscles around your tummy. There are normally 10 injections (5 on each side). Most patients find that these injections cause little discomfort as the needles used are very fine

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and the treatment is very quick. A few patients do, however, prefer to have medication that makes them relax (a sedative) before the procedure.

Your procedure should take around one hour including consent, set up and performing the procedure. You will be able to go home straight away and we will give you information on what to do after the procedure.

When are Botox injections not recommended?

Generally, botulinum toxin injections are not recommended if you:

- are pregnant or breast feeding
- have a neuromuscular condition such as multiple sclerosis, myasthenia gravis, Bell's palsy, amyotrophic lateral sclerosis, Gehrig's disease, or Lambert-Eaton syndrome
- have a breathing disorder such as asthma or emphysema

If you are taking medications such as penicillamine, aminoglycoside antibiotics or calcium channel blockers, then you should not have botulinum toxin. You should talk to your surgeon about any:

- Bleeding problems
- Heart disease
- If you have recently used a blood thinner (warfarin, apixaban, and others) or been treated with an injectable antibiotic
- If you have ever received other Botox injections such as Dysport® or Myobloc (especially in the last 4 months)
- If you have ever had a side effect after receiving a Botox in the past.

What are the possible side effects?

In 20 years of medical use for Botox for different conditions, there have been no known long-term harmful effects. At the injection site, redness, pain, temporary swelling and bruising are to be expected.

Side effects usually happen within a few days of treatment and are expected to go away within 6-8 weeks. Other common (1 in 20 patients) side effects may include:

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- Headache, tiredness, muscle stiffness, neck or back pain, pain in limbs
- Dry mouth, blurred vision, weak voice, cough and sneeze
- Cold/flu like symptoms such as stuffy nose, sneezing, cough or sore throat

You must contact 111/ Urgent Care Centre / Accident and Emergency if you experience any of these side effects:

- Unusual or severe muscle weakness (especially in a body area that was not injected with Botox)
- Trouble breathing, talking, or swallowing
- Increased sweating
- Hoarse voice, chest pain, irregular heartbeats

What should I expect after the Botox Injection?

The injection should allow your muscles to stretch from 48 to 72 hours after treatment, peaking at 7 to 14 days and lasting up to 2 months. You should avoid drinking alcohol, strenuous exercise and air travel for 2 days after your injections. Your surgeon will plan a date and time for your hernia surgery while the Botox is still in your system.

Contact:

If you need further information or advice, you can contact the secretary of your surgeon through hospital switchboard via 0247 696 4000

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 0247 696 6101 and we will do our best to meet your needs.

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