

## CLEAN INTERMITTENT SELF-CATHETERISATION AFTER BOTULINUM NEUROTOXIN TYPE A INTRADETRUSOR INJECTIONS IN WOMEN: DOES IT IMPAIR QUALITY OF LIFE?

### Hypothesis / aims of study

The most common adverse effect of intradetrusor injections of botulinum neurotoxin type A (BoNT/A) is an increased post void residual (PVR), which may necessitate clean intermittent self-catheterisation (CISC). This is potentially problematic for patients voiding spontaneously before BoNT/A treatment. The aim of our study was to assess the effect of having to self catheterize on quality of life (QoL) after intradetrusor injections of BoNT/A in women with refractory idiopathic detrusor overactivity (IDO).

### Study design, materials and methods

65 women undergoing intradetrusor injections of 200 U BoNT/A (Botox<sup>®</sup>) for refractory IDO were evaluated prospectively. Willingness to perform CISC after BoNT/A treatment, if it became necessary, was mandatory prior to treatment. Outcome measures were changes in QoL as assessed by Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) before and 4 weeks after intradetrusor BoNT/A injections. Following treatment PVR >100mL with lower urinary tract symptoms was taken as the indication for CISC.

### Results

Prior to BoNT/A intradetrusor injections, all 65 women voided spontaneously, while 28 (43%) required CISC after BoNT/A treatment. Mean UDI-6 and IIQ-7 scores reduced from 61 to 33 ( $p<0.001$ ) and 62 to 30 ( $p<0.001$ ) in women performing CISC and from 60 to 28 ( $p<0.001$ ) and 64 to 25 ( $p<0.001$ ) in those who did not, respectively (figure).

### Interpretation of results

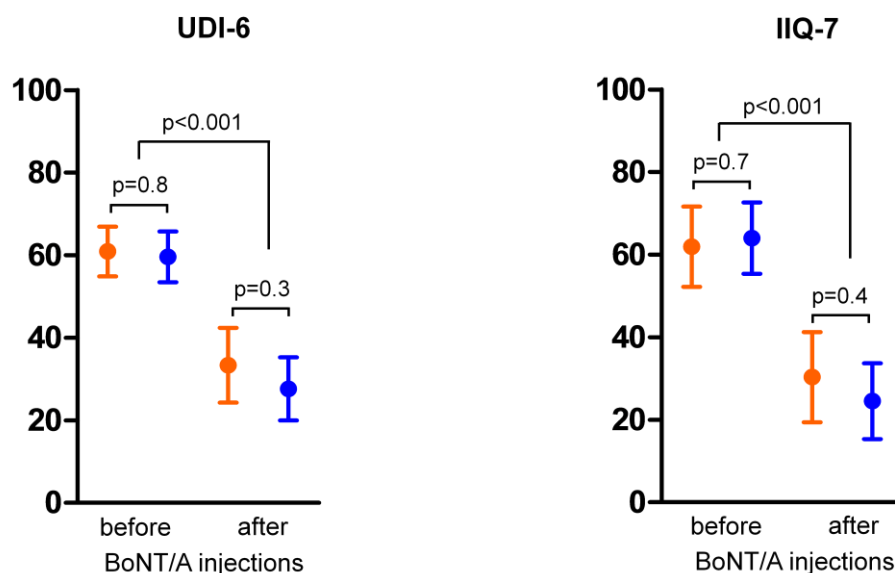
Comparison of QoL revealed equal improvements in those who did and those who did not self catheterize after BoNT/A treatment.

### Concluding message

CISC after BoNT/A intradetrusor injections does not impair QoL in appropriately informed and selected women. To successfully manage patients' expectations they should be informed of the potential need of performing CISC after BoNT/A injections and a willingness to do so should be a pre-requisite for this still unlicensed off-label treatment.

Figure.

After intradetrusor injections of botulinum neurotoxin type A (BoNT/A), there was the same significant improvement in quality of life in both women performing CISC (orange) and in those who did not (blue).



Specify source of funding or grant

None

Is this a clinical trial?

No

What were the subjects in the study?

HUMAN

Was this study approved by an ethics committee?

Yes

<i>Specify Name of Ethics Committee</i>	Research and Ethics Committee and the Use of Medicines Committee of the UCL Hospitals NHS Foundation Trust London
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes