

DO PATIENTS TOLERATE REPEAT INTRAVESICAL INJECTIONS OF BOTULINUM TOXIN A FOR THE TREATMENT OF DETRUSOR OVERACTIVITY UNDER LOCAL ANAESTHETIC?

Introduction

Intravesical injection of Botulinum Toxin A is well established as second line treatment of Detrusor Overactivity (DO). Previous studies have suggested that repeat treatment in Neurogenic DO offer outcomes similar to the initial therapy in terms of response rate, magnitude and duration¹. In addition, use of local anaesthetic has been shown to be well tolerated (at least in the initial treatment) enabling use in an ambulatory setting².

We set out to assess the difference, if any, in the level of discomfort experienced by patients undergoing repeat injections under local anaesthetic (2% instillage) for Idiopathic (IDO) and Neurogenic (NDO) Detrusor Overactivity.

Methods

Over a 3 year period, data was collected on patients receiving intravesical injections of Botulinum Toxin A for DO. Patients were asked to score the level of their discomfort utilising a visual analogue scale, (VAS), with 10 being the most uncomfortable. All patients received 200u – 300u of Botox®.

Results

All patients had a urodynamic diagnosis of DO. 48 patients had one episode of Botulinum Toxin therapy (IDO 36 patients; NDO 12 patients), 13 had two treatment episodes, (IDO 9 patients; NDO 4 patients), and 4 had three (all IDO). The mean overall pain scores for the first treatment episode was 3.2 (IDO 3.1 and NDO 3.5), second 3.5 (IDO 4.1 ; NDO 1.7) and third 3.5 – see **Figure 1**. There were no significant differences between IDO and NDO.

Only one patient chose to have subsequent treatment under GA having had their first under LA (pain score 6/10). Only one patient was unable to tolerate the procedure under LA.

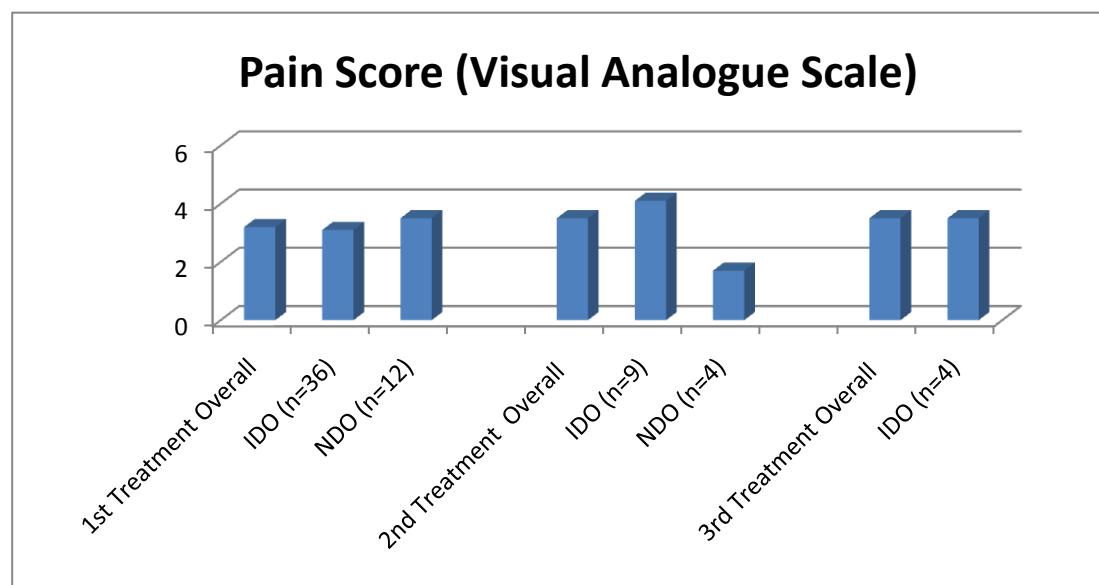


Figure 1 – Distribution of Pain Scores between 1st, 2nd, and 3rd treatments.

Discussion

This data shows that the level of discomfort felt by patients undergoing intravesical injections of Botulinum Toxin under LA remain consistent with repeat treatment episodes.

References

1. Karsenty G, Reitz A, Lindemann G, Boy S, Schurch B. Persistence of therapeutic effect after repeated injections of botulinum toxin type A to treat incontinence due to neurogenic detrusor overactivity. *Urology* 2006; 68:1193-97.
2. Harper M, Popat R B, Dasgupta R, Fowler C J, Dasgupta P. A minimally invasive technique for outpatient local anaesthetic administration of intradetrusor botulinum toxin in intractable detrusor overactivity. *BJU International* 2003; 92 (3): 325-326.

<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	RETROSPECTIVE AUDIT OF CLINICAL PRACTICE
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes