Geriatric overactive bladder & Botulinum toxin A: Feasibility and tolerability in the outpatient setting under local anaesthetic #546

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Hypothesis / aims of study

Urinary incontinence significantly impacts the lives of older adults increasing their susceptibility to falls, social isolation and longterm care. Intravesical Botulinum Toxin A (Botox) offers a well-established treatment for overactive bladders in women. In select centres, it can be administered under local anaesthetic, allowing access for frailer patients at higher risk from general anaesthetic and in whom anti-muscarinic therapies are best avoided.

This project performed an analysis of geriatric patients who underwent intravesical Botox under local anaesthetic in an outpatient setting and assessed the tolerability and feasibility.

Fig 1. Diagram of the LiNA OperaScope, as used in hysteroscopy

Study design, materials and methods

50 women (mean age 66, range 34-88) with overactive bladders underwent Botox administration in 2023. The procedure utilised local anaesthesia (Instillagel) while patients held a supine position with abducted hips on an outpatient couch. A LiNA OperaScope and injeTAK® needle facilitated administration. A sub-analysis focused on patients aged 75+. Pain levels were compared to past cervical smear experiences for reference. Feedback from both the surgeon and the patients were recorded. The patient's tolerability of the procedure were also recorded and compared to their previous cervical smear test experience.

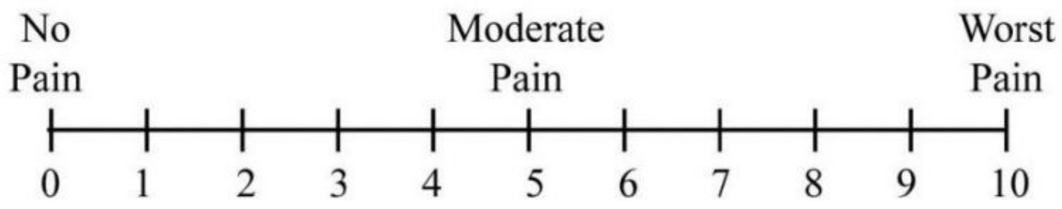

Fig 2. Visual analogue scale used to assess pain scores

Results and interpretation

All 50 patients successfully completed the procedure. 15 were aged 75+ (mean 80.8, range 76-88), with 8 classified as "frail" based on the Prisma 7 score (mean 2.3, range 0-5).

Results and interpretation (continued)

The geriatric cohort reported lower average pain levels (1.8/10, range 1-3) compared to the non-geriatric group (2.2/10, range 1-5). Both groups pain perception was also lower than for past smears (2.9/10, range 1-4 vs. 3.4/10, range 1-7).

The set-up, use and visualisation of the scope as well as performing the procedure itself was reported to be 5/5 by the surgeon. Total ‘operative’ time was less than 3 minutes for all patients. There was one case of equipment failure where the quality of the image on the built-in screen was diminished. The procedure was still completed with no immediate issues.

Two non-geriatric participants experienced post-procedure UTIs, successfully treated with oral antibiotics (classified as Clavien-Dindo II).

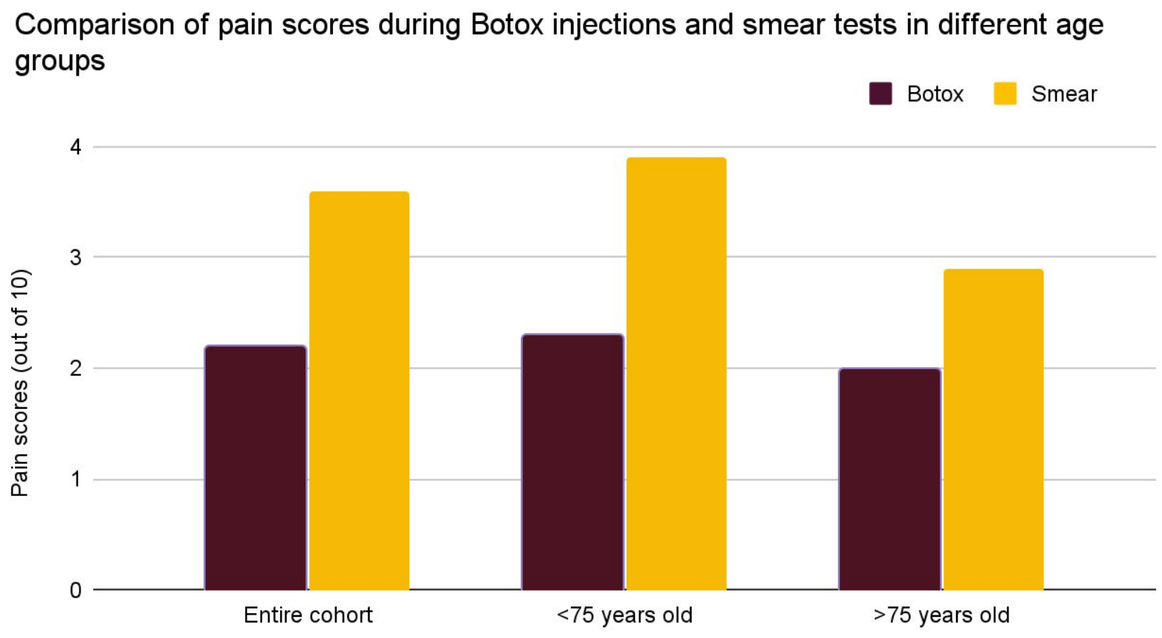

Fig 3. Comparison of pain scores (Y Axis out of 10) between Botox using the LiNA OperaScope® and smear tests in different population groups

Conclusions

Intravesical Botox under local anaesthesia demonstrated promise as a safe and well-tolerated treatment for geriatric patients with overactive bladder, where lower levels of pain were reported compared to their younger counterparts. Tolerability was also better than previous smear tests and notably offers a relatable and novel comparison point to facilitate clearer counselling for patients and their families regarding this procedure.

Urinary incontinence is debilitating, especially in geriatric patients where it is associated with much poorer quality of life, in particular limiting their mobility and functional status as well as an increased risk of pressure sores and urinary tract infections.

Longer-term data is needed on the efficacy of the Botox and direct comparison is required with the current standard of care.