

Intradetrusor injection of 200 IU botulinum toxin in patients with neurogenic bladder under sedoanalgesia without anesthesiological assistance: how we do it

Abstract # 779

DOMENICO VIOLA MD

FUNCTIONAL UROLOGY

ARCISPEDALE SANTA MARIA NUOVA - IRCCS

REGGIO EMILIA - ITALY



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NONE

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The proposed protocol

- ✓ Is an essential alternative to hospitalization with anesthesiological assistance
- ✓ has a significant positive impact on urology department organization and waiting lists

We therefore propose its adoption , highlighting its significant practical implications for the sustainability of the procedure in the SSN

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The procedure was conducted under sedoanalgesia (50 mcg IV fentanyl -0.7 mcg/kg), followed after approximately 20 minutes by 3 mg of midazolam—diluted to 5 ml with saline), combined with local anesthesia via intraurethral lidocaine gel (2% lidocaine and 0.05% chlorhexidine, three 12 ml pre-filled syringes)

Intradetrusorial administration of 200 IU of BotTox A performed via flexible cystoscopy, involving 30 injections across all bladder walls except the trigone and bladder base.

- 15pts – 3 injections cycles over 36 months
 - 9 months interval between treatments
 - 8 cases of MS (EDSS 3-5.5, already on CIC)
 - 3 cases of myelomeningocele (2 on CIC)
- 3 cases of SCI (2 post traumatic, 1 post infection), on CIC
 - 1 case of PD
- All had failed trial with either antimuscarinic and/or β -3 agonists
 - Mean age 40 years (32-76)
 - 8 F, 7 M
- Postoperative pain assessed using NRS score

RESULTS

- All patients benefited from the toxin's effects on OAB symptoms
- Data show excellent tolerance of the procedure under the proposed sedoanalgesia protocol, with peri- , intra- and postoperative NRS scores consistently <4 in all cases.
- Patients were discharged after a few hours of observation, accompanied by a family member or caregiver. No peri- , nor post-procedural complications were recorded.

