

Augmentation cystoplasty was associated with better urinary symptoms, quality of life, and patient-perceived improvement than botulinum toxin A

Decision regret was low with both treatments, with no statistically significant difference between groups

AUTHORS

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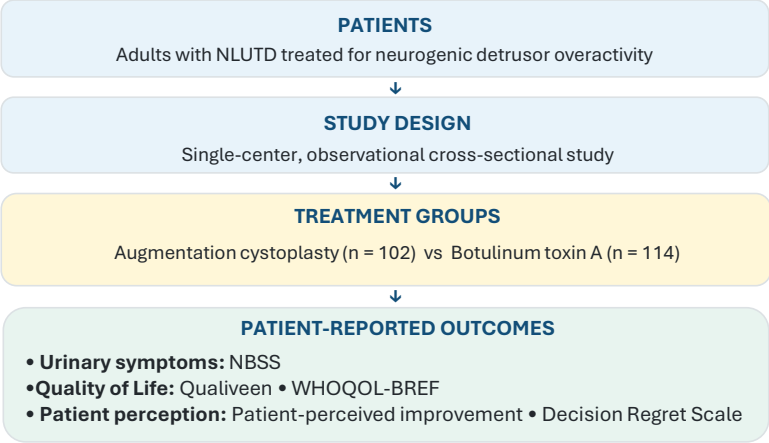
Comparative Outcomes of Augmentation Cystoplasty and Botulinum Toxin A in Neurogenic Detrusor Overactivity: A Cross-Sectional Study

Single-center cross-sectional study | Patient-reported outcomes in adults with NLUTD

OBJECTIVE

To compare urinary symptoms, quality of life, patient-perceived improvement, and decision regret between patients treated with augmentation cystoplasty (AC) or botulinum toxin A (BTX-A).

METHODS



COHORT CHARACTERISTICS (n = 216)

Age, years – median (IQR)	41 (31–50)
Male sex, n (%)	121 (56.0%)
Augmentation cystoplasty, n (%)	102 (47.2%)
Botulinum toxin A, n (%)	114 (52.8%)

MAIN NEUROLOGIC ETIOLOGIES

Spinal cord injury	31.5%
Myelomeningocele	28.7%
Other etiologies	39.8%

Ethics approval: CAPPesq/HCFMUSP (CAAE 73129023.6.0000.0068; No. 6,293,491)

RESULTS

URINARY SYMPTOMS

NBSS GLOBAL SCORE

1.09 ± 1.08	vs	2.05 ± 1.30	p < 0.001
Augmentation cystoplasty		Botulinum toxin A	
Lower scores = better outcomes			

QUALITY OF LIFE

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12.72 ± 7.95	vs	18.67 ± 8.34	p < 0.001
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WHOQOL-BREF

Physical: 66.38 vs 60.08 (p = 0.031)
Social relationships: 72.22 vs 68.40 (p = 0.042)

PATIENT GLOBAL IMPRESSION OF IMPROVEMENT (PGI-I)

84.8%	vs	65.2%	p < 0.001
Augmentation cystoplasty		Botulinum toxin A	

DECISION REGRET

11.5 ± 14.0	vs	15.6 ± 15.9	p = 0.052
Low decision regret in both groups			

TAKE-HOME MESSAGE

Augmentation cystoplasty was associated with better patient-reported symptom control and quality of life, without greater decision regret.