

intravesical botox for management of OAB is not affected by BMI.

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[www.ics-eus.org/2025/abstract/ 393](http://www.ics-eus.org/2025/abstract/393)

Background

The association between obesity and urinary incontinence is well-recognised, however the influence of obesity on treatment efficacy is poorly understood. We hypothesised that high Body Mass Index (BMI) has a negative impact on treatment outcomes following intradetrusor Botulinum Toxin A (BoNT/A) injection for refractory Overactive Bladder (OAB).

Methods

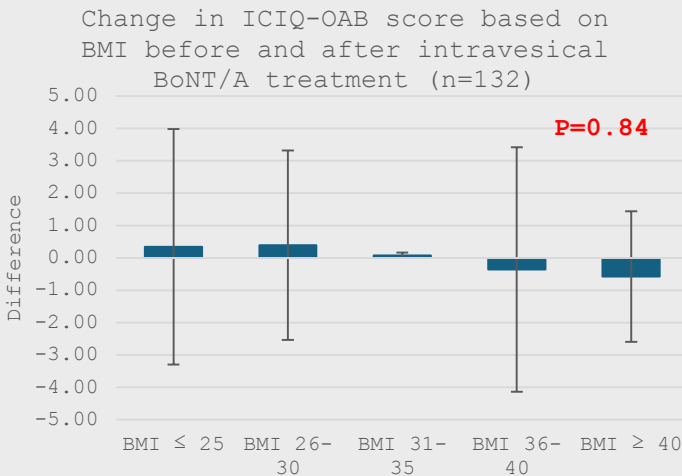
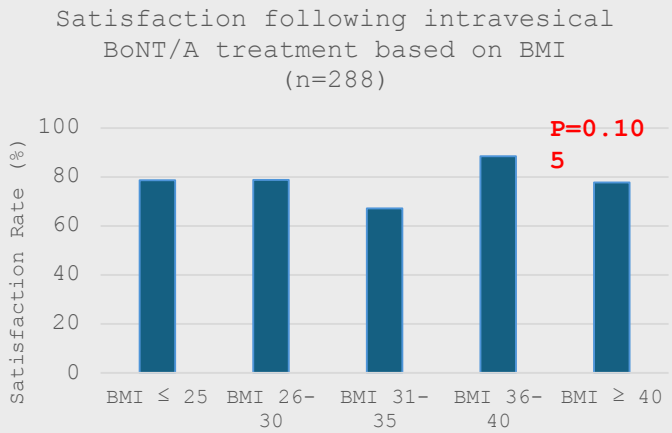
Retrospective cohort study of women who received at least one BoNT/A injection for the treatment of refractory OAB between August 2013 and January 2023. All patients completed the International Consultation on Incontinence Questionnaire - Overactive Bladder (ICIQ-OAB) questionnaire before and six months after treatment.

- The primary outcome was the impact of BMI on pre- and post-treatment ICIQ questionnaire scores and treatment satisfaction.
- Secondary outcome was the impact of BMI on duration of treatment efficacy.

Implications

These results show that there is no statistically significant difference in either objective or subjective outcome measures, or duration of efficacy of

Results



Duration of efficacy of intravesical BoNT/A based on BMI (n= 335)

	BMI ≤ 25	BMI 26-30	BMI 31-35	BMI 36-40	BMI ≥ 40
Duration of efficacy (days)	262.53 ± 270.41	179.67 ± 218.19	195.86 ± 298.45	205.54 ± 247.58	146.37 ± 209.67