645

Dickson E[1], Peracha A[1], Simpson A[1]
1. *Royal Derby Hospital*

GOAL ORIENTATED APPROACH IN THE MANAGEMENT OF REFRACTORY DETRUSOR OVER ACTIVITY WITH INTRADETRUSOR BOTOX® INJECTIONS

Hypothesis / aims of study

Overactive bladder syndrome (OAB) as a consequence of detrusor overactivity (DO) is a debilitating and problematic condition. DO is classified as either idiopathic (IDO) or neurogenic (NDO) when there is an underlying neurological condition. Botulinum toxin (Botox®) injection into the detrusor muscle of the bladder provides a neuromodulatory therapy when behavioural therapy and anticholinergics have failed or are not tolerated. There is growing evidence that Botox® injection is an effective treatment for OAB with a recent Cochrane Review suggesting benefit for 3 to 12 months. We hypothesized that when patients are educated to tailor their repeat treatment, the frequency of treatments is reduced/

Study design, materials and methods

We performed retrospective analysis of all patients who underwent intradetrusor Botox® injections at our centre from April 2006 to November 2011. All patients had confirmed OAB on Urodynamic studies and failed medical therapy, or were unsuitable/intolerant of anticholinergics. Treatment involved 200-300 units of Botox® injected across 20-30 intradetrusor sites via flexible cystoscopy mostly under local anaesthetic. The trigone was spared. Physical and psychological impacts of OAB were compared pre- and post-procedure using the Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) questionnaires. Patients were educated to report start of recurrence of symptoms directly to Continence CNS and received repeat treatment within 2-4 weeks.

Results

48 patients (7 M: 41 F) underwent intradetrusor Botox® injections over a 57 month period. 33 patients (69%) had complete documentation. 32 patients (67%) were treated for IDO and 16 (33%) for NDO. Mean age: 58 years (Range: 33-90). 137 therapies were performed in total with each patient receiving a median number of 2 therapies (Range 1-11), Significant improvement in UDI-6 ($p<0.001$) and IIQ-7 score ($p<0.001$) post- compared to pre-initial therapy was observed. 85% of patients rated perceived outcome as Good or Excellent.

Interpretation of results

The results confirmed our hypothesis and in our series the mean duration of time is 11.8 months between treatments (Range: 2-27).

Concluding message

Intradetrusor Botox® significantly improves patient-perceived outcomes in OAB. The goal orientated approach at our centre provides symptom relief for a mean duration of approximately 1 year with some patients benefiting for over 2 years suggesting prolongation of benefit compared to the recent Cochrane Review. Botox® is an effective therapy and is well tolerated in OAB with a patient-guided strategy offering increased time between treatments and more efficient use of resources. Moreover there is no need for routine follow-up appointments or pre and post treatment Urodynamic studies.

References

1. Botulinum toxin A (Botox) intradetrusor injections in adults with neurogenic detrusor overactivity/neurogenic overactive bladder: a systematic literature review..Eur Urol. 2008 Feb;53(2):275-87. Epub 2007 Oct 16. Karsenty et al.
2. Refractory idiopathic urge urinary incontinence and botulinum A injection. Brubaker L, Richter HE, Visco A, Mahajan S, Nygaard I, Braun TM, et al.Journal of Urology 2008;180(1):217–22.
3. Botulinum toxin injections for adults with overactive bladder syndrome. Duthie JB, Vincent M, Herbison GP, Wilson DI, Wilson D. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD005493. DOI: 10.1002/14651858.CD005493.pub3.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Retroepective clinical study **Helsinki:** Yes **Informed Consent:** Yes