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OUTCOMES AFTER SIMULTANEOUS BOTULINUM TOXIN A-INJECTION IN DETRUSOR VESICAE IN PATIENTS WITH IDIOPATIC DETRUSOR OVERACTIVITY UNDERGOING ROBOT-ASSISTED RADICAL PROSTATECTOMY.

Hypothesis / aims of study

The effects on the voiding symptoms in patients with co-existing idiopathic detrusor overactivity (IDO) which underwent robot-assisted radical prostatectomy (RARP) with simultaneous intra-operative Botulinum toxin type A (BTX-A)–injection where evaluated.

Study design, materials and methods

From March 2011 to January 2013 15 patients with a histological conformation of prostate cancer and urodynamic diagnosis of IDO with or without incontinence underwent RARP with simultaneous BTX-A injection. All patients were urodynamic assessed with cystometry using a filling rate of 50 ml/min prior to surgery. Before RARP all patients were injected 100 units of BTX-A intra-detrusally at for 20 sites (posterior wall, lateral wall and the dome of the bladder sparing the trigone and ureteric orifices). All patients were evaluated in terms of urgency, frequency, nocturia, incontinence and functional bladder capacity (FBC) preoperative and in period from 4-6 weeks

Results

The mean age of the patients was 60 years (58-77). 14 patients (93.8%) exhibited exceptional improvements in frequency, urgency and nocturia. Furthermore, they demonstrated an absence of urge incontinence and a 36.2% mean increase of their FBC (mean 253.8 ml to mean 345.8 ml). 1 patient (6.3%) was without improvement of his urge symptoms.

Concluding message

The results of this study indicate that the simultaneous use of BTX-A in such patients can improve micturition frequency and diminish urge incontinence. However, due to the small number of patients involved in this study a prospective trial with more patients is warranted to assess the impact of these results on clinical practice.

Disclosures

Funding: St. antonius Hospital Gronau, Germany **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** its not a study, just an abstract **Helsinki:** Yes **Informed Consent:** Yes