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Carlson K[1], Civitarese A[2], Weber B[1], Desantis D[1], Crump T[2], Baverstock R[1]
1. *vesia Alberta Bladder Centre, University of Calgary Dept. of Surgery,* ***2.*** *vesia Alberta Bladder Centre*

ONABOTULINUMTOXIN A IMPROVES QUALITY OF LIFE IN PATIENTS WITH INDWELLING CATHETERS

Hypothesis / aims of study

Many individuals with neurogenic detrusor overactivity due to conditions such as multiple sclerosis (MS) or spinal cord injury (SCI), commonly referred to as neurogenic bladder, require mechanical bladder emptying via catheters. For those with limited mobility, poor dexterity, and/or lack of support, indwelling catheters (IC) may be preferred over intermittent catheterization. Unfortunately, resulting challenges such as bypassing, bladder neck incompetence and autonomic dysreflexia can be frustrating for patients, caregivers, and physicians alike. In such cases, when oral medications fail, BTA may offer efficacious detrusor relaxation and improve patients' quality of life.

Study design, materials and methods

Patients with IC were identified from a prospective registry of over 250 patients undergoing intravesical BTA injections, and the clinical and surgical history of these patients was reviewed for qualitative data before (intake) and after (3 months post-injection) the time of their injection. Questionnaires to measure efficacy included the I-QOL, PPBC, ICIQ-UI-SF, and the UDI-6. Data from intake and 3 month follow-up was reviewed for each patient.

Results

18 patients were identified from the database with an indwelling catheter (9 suprapubic and 9 urethral) at baseline. Thirteen of these patients were female and 5 were male. Five of the patients were receiving their first injection of BTA, while the remaining patients were receiving a second or greater injection (0 to 10 previous injections, mean = 3.06). SCI was the cause of neurogenic bladder in 7 of the patients (4 male, 3 female) while 9 had MS, 1 had a closed head injury, and 1 had spinal dysraphism and chiari malformation as their neurologic diagnosis. Of these 18 patients, 12 (67%) saw improvements in at least one type of incontinence, and 6 of the 11 patients that were incontinent at baseline (33% overall) became 100% dry at some point following their BTA injection, allowing them to discontinue use of incontinence pads by 3 month follow up. Additionally, 13 patients (72%) had an improved PPBC score at 3 month follow up, indicating an improved perception of the severity of problems caused by their bladder condition. Fifteen patients (83%) reported improvement in at least one quality of life measure as reflected by the I-QOL, and 5 patients (28%) saw improvements in pain or discomfort in the bladder, pelvis and/or genital area. For all 18 patients, the BTA started to take effect less than one month following their injection, and was still providing benefit at 3 month follow-up.

Concluding message

The results of this small analysis support the role of BTA use in patients with neurogenic bladder and indwelling catheters. As demonstrated, measures such as incontinence, pain, and quality of life were improved. The BTA worked relatively quickly, and the effects were durable for at least 3 months post-injection. Managing patients with indwelling catheters can be a challenge for all involved in their care. This small sample provides promising results for further research into the use of BTA in cases of neurogenic bladder with an indwelling catheter.

Disclosures

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