

URGENCY IN PATIENTS WITH OAB UNDERGOING BOTOX INSTILLATION SIGNIFICANTLY INCREASES THE RISK OF POST INSTILLATION PAIN: A SINGLE CENTRE PRELIMINARY EXPERIENCE

Hypothesis / aims of study

Botulinum Toxin treatment of overactive bladder (OAB), either neurologic or idiopathic, has become relevant in the last years. Recently, the opportunity of Botulinum Toxin administration in an ambulatory setting has gained growing consensus among clinicians. There is no general agreement regarding administration of local anesthetic in the bladder prior to injections. Our purpose was to compare the tolerability of Botulinum Toxin treatment performed in an ambulatory setting with and without local anesthetic.

Study design, materials and methods

Between 2014 and 2015, 43 patients underwent botulinum toxin injections. They were randomized to receive or not local anesthetic (lidocain and sodium bicarbonate) in the bladder 20 minutes prior to treatment. All patients gave written informed consent, completed the Patient perception of bladder condition (PPBC) and ICIQ-OAB questionnaire before treatment and then filled a Visual analogue scale (VAS) for pain during treatment (from 0=no pain at all, to 10=maximum pain).

Results

25 patients (13 females and 12 males) received local anesthetic prior injections and 18 patients (8 females and 10 males) did not. Mean age was 61± 14. Mean VAS score was 3.3 ± 2.5. Overall 16/43 (37%) patients presented a significant pain (VAS >3). Out of them 7/16 (43%) did not receive local anesthetic and 9/16 (53%) received local anesthetic (p= 0.543).

Interpretation of results

Patients' characteristics according to the VAS group are summarized in Table 1. On univariate and multivariable analysis, urgency was the only independent risk factor (OR: 5.5; IC 1.47-21.1; 0.001) for pain perception (VAS >3)

Concluding message

Our data show that urgency is a predictive factor for pain perception during intravesical Botulinum Toxin injections, regardless of gender and local anesthetic administration prior to treatment. Particular attention should be focus on pain perception in patients with severe preoperative urgency.

Table 1

	VAS≤3	VAS>3	p
Age (yars)	60± 16	61± 10	0.402
Qmax ml/sec	26± 18	33± 7	0.305
VV (ml)	304± 168	331± 157	0.638
PVR (ml)	26± 31	15± 22	0.278
PBPC	3.5± 1	4± 0.8	0.131
Urgency	2.7± 0.7	3.6± 0.6	0.011
Frequency	2.6± 1.1	3.1± 1.1	0.231
Nocturia	2± 1	2.5± 1.3	0.421

Disclosures

Funding: NONE **Clinical Trial:** Yes **Public Registry:** No **RCT:** Yes **Subjects:** HUMAN **Ethics not Req'd:** It is part of daily clinical practice **Helsinki:** Yes **Informed Consent:** Yes