

TREATMENT OF THE NON NEUROGENIC OVERACTIVE BLADDER WITH BOTULINE TOXIN A DETRUSORINJECTIONS

Aims of Study

Almost half of the patients with non neurogenic overactive bladder symptoms are resistant to conservative treatment options. Different studies show a favourable effect of the botuline toxin A detrusorinjections for treatment of the neurogenic overactive bladder. Therefore we started a multicentric pilot study with botulin detrusorinjections for patients with therapy resistant non-neurogenic overactive bladder. This is the first study which evaluates the effect of botuline toxin A on objective parameters and quality of life scores for the treatment of non-neurogenic overactive bladder.

Methods

Pre-treatment evaluation of all patients consisted of physical examination, neuro-urologic evaluation, urine culture, urincytology, cystoscopy, micturation diary, King's College Health scores and urodynamic examination.

The treatment was performed under general anesthesia in one day clinic setting. Patients were given 20 separate botuline toxin A injections (Dysport®) in the detrusor sparing the trigonum. In total 500 units Dysport® were injected with a cystoscopic Williams needle (Cook®). During follow-up patients were evaluated with physical examination, micturation diary, King's College Health Questionnaire at week 0, 2, 12 and at 6 and 9 months. At week 12 a standard urodynamic examination was performed.

Results

15 patients were treated in three separate urologic centers. Maximum follow-up is 9 months. None of the patients suffered from local or systemic complications due to the technique or toxin. There is an improvement of the incontinence impact score with 54%, the physical and social impact score with 54% respectively 55,5% after three months. Frequency decreases from 16,5 to 12,4 micturations a day and urgency diminishes with 5,4 episodes a day as well. Almost all incontinent patients stay dry which results in only one or less pads a day for each patient. On urodynamic evaluation after 3 months we see a mean increase of the cystometric bladder capacity from 216 to 323 ml ($p < 0,01$). Average volume at first desire to void increases from 98 to 156 ml ($p < 0,01$). Mean post mictional residue does never exceed 26 ml.

Conclusions

The results at 6 and 9 months follow-up are promising for patients with non-neurogenic overactive bladder resistant to conservative treatments. There were no serious complications encountered with a dose of 500 units Dysport®. There is an obvious improvement of all subjective parameters from King's College Health Questionnaire. Objective parameters such as a three-day micturation diary, cystometric bladder capacity and the volume at first desire to void improve significantly. On the congress we will present our results after one year follow-up.