392

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EARLY EXPERIENCE WITH INTRADETRUSOR DYSPORT ® IN RESISTANT NEUROGENIC DETRUSOR OVERACTIVITY FOLLOWING TRAUMATIC SPINAL CORD INJURY AND TRANSVERSE MYELITIS

Hypothesis / aims of study

Intadetrusor (ID) injection of Dysport ® is used in idiopathic and neurogenic detrusor overactivity (NDO). We present our early experience with ID Dysport ® injections in management of resistant NDO following traumatic spinal cord injury (SCI) and transverse myelitis (TM).

Study design, materials and methods

We analysed 15 patients who underwent ID Dysport ® for resistant NDO at our institution. The mean age was 37.2 years (range 16 – 62). The level of injury was cervical (n=2), thoracic (n=11), lumbar (n=2). Eight were performing intermittent catheterisation, 3 urge voiding, and 3 had indwelling catheter. Seven patients were on oxybutynin and Tolterodine, two on oxybutynin only and six without suppression due to intolerance. All patients were incontinent on preoperative video urodynamics (VCMG). One thousand units of Dysport ® diluted with 30 mls of water was injected at 30 sites sparing the trigone under general anaesthesia.

Results

No intra or postoperative complications were noted. Mean preoperative bladder capacity was 280 mls (range 50-600). The mean follow-up was 6 months (range 1-12 months). The bladder capacity increased from a mean of 280mls to 486mls (range 250-800). The urinary incontinence stopped in 12/15 patients of which 3 patients did not require any anticholinergic suppression while 6 reported decrease requirement. Three patients continued to have leakage on post operative VCMG.

Interpretation of results

Intra detrusor injections of Botulinum toxin can be used safely in patients with resistent neurogenic detrusor overactivity to increase bladder capacity, decrease anticholinergic medication requirement and decrease episodes of incontinence.

Concluding message

We conclude from our initial experience that ID Dysport is safe, minimally invasive and effective in management of resistant NDO in traumatic SCI patients. Longer-term follow-up is underway at our institution to define it's exact role in treatment of NDO secondary to traumatic SCI.