356: OnabotulinumtoxinA injection to the external urethral sphincter for voiding dysfunction in females: a tertiary centre experience

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Introduction and Objectives

- Treatment options for voiding dysfunction as a result of functional or anatomical bladder outlet obstruction (BOO) in female patients are limited. The use of OnabotulinumtoxinA injection to external urethral sphincter (EUS) has been suggested as a possible treatment option.
- The **aim** was to assess the functional outcomes with Botox injections into the EUS in female patients with voiding dysfunction

Methods

- Retrospective analysis of a prospectively acquired database
- All patients receiving OnabotulinumtoxinA injections to EUS at a tertiary centre
- Between 2015 and 2017
- All patients had pre-operative: videourodynamic study (VCMG) and urethral pressure profilometry (UPP)
- All received 100 units of OnabotulinumtoxinA to EUS.
- All patients were followed up for 3 months.
- Total of 10 female patients
- Mean age 45.5. years (range 18-80)

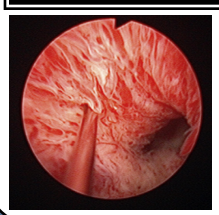

Fig. 1 *– Endoscopic image of botulinum injection into EUS*

Results

Voiding dysfucntion	N	%
BOO	4	40%
Detrusor sphincter dyssinergia	2	20%
Acontractile detrusor	6	60%

- 6 had failed previous Sacral Nerve Stimulation
- All cases had high mid-urethral closure pressure (MUCP):
- Mean expected MUCP was 45 cmH_2O
- Pre-op mean MUCP was 93.3 cm H_2O

After OnabotulinumtoxinA to EUS

Voiding method	Pre-op		Post-op	
	N	%	N	%
Spontaneous voiding	4	40%	6	60%
Clean intermittent self-catheterisation (CISC)	4	40%	2	20%
Indwelling suprapubic catheter (SPC)	2	20%	2	20%

Median **QMax (flow rate) improved** from 8.5ml/s (pre-op) to 12.5ml/s (post-op)

Mean **post void residual volume (PVR) decreased** from 244mls (pre-op) to 94mls (post-op)

Quality of life (QoL) improvement reported by 4 out of 10 patients

1 reported short-lived benefit lasting less than 3 months

1 developed transient SUI post-op

20% opted to repeat botox treatment at time of follow up

No significant adverse events following the procedure

Conclusions

OnabotulinumtoxinA to the EUS, is a valid treatment in females with voiding dysfunction, where therapeutic options are limited. The results can be short lived and patients must be made aware of this. Further study is required, with longer term follow up.