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)

Results

<table>
<thead>
<tr>
<th>Voiding dysfunction</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOO</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Detrusor sphincter dyssynergia</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Acontractile detrusor</td>
<td>6</td>
<td>60%</td>
</tr>
</tbody>
</table>

- 6 had failed previous Sacral Nerve Stimulation
- All cases had high mid-urethral closure pressure (MUCP):
  • Mean expected MUCP was 45 cmH₂O
  • Pre-op mean MUCP was 93.3 cmH₂O

After OnabotulinumtoxinA to EUS

<table>
<thead>
<tr>
<th>Voiding method</th>
<th>Pre-op</th>
<th>Post-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous voiding</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Clean intermittent self-catheterisation (CISC)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Indwelling suprapubic catheter (SPC)</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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.