Review the number of significant bleeding events after intravesical Botox injections in patients with concurrent AC/AP treatment. Determine what the bleeding risk is to these patients to determine whether it necessitates cessation of AC/AP prior to intravesical Botox injection.

Results Summary

- 532 patients in total
- 63 patients on AC/AP: 33 male, 30 female
- Mean age: 69 (19-89)
- 114 separate procedures on AC/AP evaluated.
- Each patient had 1-7 procedures.
- Botox dose: 100U – 300U

Table 1: Botox sessions.

<table>
<thead>
<tr>
<th>Round number</th>
<th>No of Botox Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>123</td>
</tr>
<tr>
<td>2</td>
<td>137</td>
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<tr>
<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

I Patient Admitted...

- 59 year old on warfarin for paroxysmal AF. Background of radiotherapy for prostate cancer, CISC.
- Received 300U of Botox, 20 injection sites.
- Resolved spontaneously and did not require intervention. Discharged after overnight observation.
- Previously had sessions of intravesical Botox injections on anticoagulation without significant post-operative bleeding.

Conclusions

- Continuation of AC/AP therapy during intravesical Botox injection treatment appears to be safe – 0.88% rate of spontaneously resolving haematuria.
- Recommend POC INR test in warfarinised patients prior to procedure to ensure INR not >3 (Higher INR values not evaluated in this study)
- BOTOX increasingly accepted as an outpatient procedure – information of safety in this patient group thus important.
- Continuation of AC/AP avoids the added risk of thromboembolic events in these patients following cessation.
- Further work looking at larger patient numbers ideally in a prospective study would be useful in providing a higher level of evidence.

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CONTACT INFORMATION:

eelimah@doctors.org.uk

References