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INTRAVESICAL BOTULINUM TOXIN THERAPY AND SACRAL NEUROMODULATION IN PATIENTS WITH IDIOPATHIC DETRUSOR OVERACTIVITY

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Introduction and Objectives:

Detrusor overactivity is a urodynamic observation characterised by involuntary detrusor contractions. Overactive bladder (OAB) is challenging to treat once conservative therapies, including pharmacological agents, pelvic floor rehabilitation and lifestyle modifications have failed. Second line treatments involve Sacral neuromodulation (SNM) or Botulinum Toxin Intravesical Injections (Botox), both of which are able to "cure "or improve urinary symptoms in 70% of patients. We have evaluated the symptomatic outcome of SNM on patients with previous Botox treatment for refractory Idiopathic Detrusor Overactivity (IDO).

Materials and Methods:

49 patients (33 (67.34%) women) with a mean age of 48 years were retrospectively reviewed. Each had failed and/or declined further Botox treatment for their IDO and progressed to SNM between 2003 to 2017. Patients' symptoms and change in quality of life were measured using EuroQuol-5D (EQ-5D), ICIQ-Overactive Bladder (ICIQ-OAB) and ICIQ-urinary incontinence short form (ICIQ-UISF) scores; baseline, 6 weeks after BTX therapy and 6 weeks after SNM therapy. Both Botox and SNM treatments were regarded as successful if post treatment symptoms scores were 50% of pre-treatment scores. Patient determination of therapy success or failure was also recorded and compared. Statistical analysis was by Mann Whitney and Chi Square analysis.

Results:

The results are as detailed in Table1.

Table1.

	Pre Botox	Post Botox	Post SNM
Median EQ5D (range)	5 (5-10)	5 (5-10)	5 (5-10)
Median UISF (range)	19 (0-29)	17 (0-29)	14 (0-15)**
Median ICIQOAB (range)	43 (17-56)	38 (7-56)*	34 (1-54)***
Success by Definition N (%)	NA	6 (12.2%)	11 (22.4%)
Improved by Scores N (%)	NA	8 (16.3%)	16 (32.7%)
Patient Defined Success N (%)	NA	11***** (22.4%)	21 (44.8%)****

- *P = 0.0044
- **P=0.0033
- ***P=0.00044
- ****P= 0.03256

- *****The 11 patients with patient-defined successful Botox changed to SNM because of: wish for more permanent solution (3), wish not to intermittently self-catheterise long-term (4), recurrent UTIs (4).

Conclusions:

ICIQOAB is significantly improved following both Botox and SNM therapy whilst UISF is only significantly improved following SNM therapy. Patients felt their treatment was a success more often than our defined criteria suggested. SNM was successful in 22.4-44.8% (depending on definition) of patients who had previously failed or declined further Botox therapy. This is a much lower success rate for SNM than treatment naive patients having SNM as first line therapy and suggests salvage for failed Botox patients with SNM is possible in the minority.