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ROUTINE USE OF 200 UNITS OF BOTOX IN MANAGEMENT OF DETRUSOR OVERACTIVITY: SURVEY OF TRAINING HOSPITALS AND EXPERIENCES FROM ONE

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Background

Botox is licensed at a dose of 100 units as a treatment for detrusor overactivity, and 200 units for detrusor overactivity due to neurological conditions. NICE guidance 2019 recommends a starting dosage of 100 units for detrusor overactivity. A common side effect of Botox is temporary urinary retention. We were anecdotally aware of variation in dosages used between different operators, and our hospital uses 200 units as a first line in all cases as routine. We wished to evaluate which dosage was used by other training hospitals in our area and the urinary retention rates at our hospital.

Methods

Our unit has a policy of requiring routine flow studies to be performed 10-14 days post-procedure to check for urinary retention. This data was analysed retrospectively. A survey had previously been sent to all hospitals in our deanery who accept trainees for urogynaecology training. To evaluate regional use of Botox, data on Botox use was extracted from this survey.

Results

Since our unit policy of routine flow studies post-Botox was introduced, 19 women have undergone this procedure. Urinary retention was identified in 4 patients (21%). Given the small numbers in our study, this is comparable to the manufacturer quoted rate of 17% with 100 units. The results of our survey showed that the majority of units in our area varied by clinician and patient in the initial dosage of Botox for idiopathic detrusor overactivity.

Summary

This is a small pilot to ensure no patient harm. Botox is generally acceptable to patients but remains an uncomfortable and sometimes painful procedure, and thus it is important to give each treatment course the best chance of success. We plan to carry out a larger study offering women 100 and 200 units based on our unit figures and compare outcomes within our treatment cohort.