OP6

LONG TERM SAFETY OUTCOMES AND CONTINUATION RATES OF INTRAVESICAL BOTULINUM TOXIN A INJECTIONS FOR OVERACTIVE BLADDER

R. Mohamed-Ahmed

Introduction

Overactive bladder (OAB) affects 27% of women in the UK with an adverse impact on quality of life. Medical treatment with anticholinergics has a high discontinuation rate due to side effects. OnabotulinumtoxinA (BOTOX ®) is an established treatment for refractory OAB, although there are little published data regarding safety with long term use.

Objective

To report the long-term safety and continuation rates of intravesical Botox for OAB. Methods This was a retrospective cohort study of patients treated with botulinum toxin A for OAB in a tertiary centre from 2007-2023. Data were collected retrospectively from medical records.

Results

132 patients were identified, with a total of 574 episodes of intravesical Botox. Mean age at first treatment was 55 years. After 1st Botox treatment, 21% of patients developed urinary tract infections. Clean intermittent self-catheterisation (CISC) was performed in 33% of patients, 5% of whom were performing CISC prior to treatment. The range of number of Botox treatments per patient was 1-18; 74% had more than one treatment. 52% of patients were lost to follow-up and 30% are ongoing patients. Recurrent UTIs developed in 23%.

Conclusion

Repeated Botox injections appear to be a safe form of treatment for refractory OAB. Long term complications include recurrent UTIs, which affects 1 in 4 women, and voiding dysfunction, which affects 1 in 3. Only 1 in 3 women continue long term Botox treatment.

References

IRWIN, D., MILSOM, I., KOPP, Z., ABRAMS, P. and CARDOZO, L., 2006. Impact of overactive bladder symptoms on employment, social interactions and emotional well-being in six European countries. BJU International, 97(1), pp.96-100.

Wein AJ. Diagnosis and treatment of the overactive bladder. Urology 2003;62:20–7. Sahai A, Khan MS, Dasgupta P. Efficacy of botulinum toxin-A for treating idiopathic detrusor overactivity: results from a single center, randomized, double-blind, placebo controlled trial. J Urol. 2007;177(6):2231-6.