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Introduction & Objectives: Botulinum toxin is nowadays widely used for the treatment of detrusor overactivity. Unlike antimuscarinics, botulinum toxin might induce acute urinary retention, imposing clean intermittent catheterization (CIC) for voiding. Our prospective trial focused on the real-life incidence of acute retention or high volume PVR imposing CIC in our center.

Materials & Methods: A total of 52 consecutive patients were included in this study and followed for 12 months. They were treated with at least two different antimuscarinics before being switched to second line therapy because of lack of efficacy. Abobotulinum toxin type A 500U was injected as per our standard of care. CIC was started if the PVR reached or exceeded 250 ml or if the patient complained about severe voiding dysfunction and had a PVR of at least 50 ml. Monthly visits were performed. If CIC was started, its total duration was also monitored. The demographics, number of urgency episodes per day, leakage, PVR and King's Health Questionnaire Social Limitations (KHQ-SL) score were analyzed using contemporary statistics.

Results: The overall incidence of CIC in our series was 5.7% with a median duration of 44 ± 24 days ($p < 0.0001$). In the group who did not use CIC, the PVR increased with a mean value of 55 ± 25 ml ($p < 0.0005$). The KHQ-SL score at 6 months showed consistent improvement across the series, with median values lowered by 20.7 ± 2.2 ($p < 0.00001$). No significant AEs were reported in this series.

Conclusions: Although acute urinary retention or high volume PVR are possible complications of this technique and the patient should be informed and consented before treatment, our study demonstrates that their incidence is low. The series was too small to allow age or gender corrections, but since the overall result is very good, we state that age, gender or the condition behind detrusor overactivity are not important predictor factors for the need of CIC.