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BAUS Female, Neurological and Urodynamic Urology Annual Section Meeting Abstracts

BAUS Female, Neurological and Urodynamics Urology Annual Section Meeting at Clare College, Cambridge – Friday 25th November 2016
Course organiser: Nikesh Thiruchelvam

Winning abstract (as judged by Tamsin Greenwell and Roland Morley):
Secondary failure of Botox therapy - a prospective study at a single centre to determine rate, predictive factors and response to subsequent treatments
Frances Burge

Intravesical botulinum toxin A audit in Cardiff, 2014–2016

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Introduction: Intravesical injections of botulinum toxin A have become commonplace in the treatment of idiopathic detrusor overactivity (IDO) and neurogenic detrusor overactivity (NDO). Two local urologists administer this treatment, one using Botox®, the other Dysport®. Only one surgeon uses routine antibiotic prophylaxis. A recent review (Botox® only) found responses in 60–65%, intermittent self catheterisation (ISC) rates in IDO of 6% for 100iu and 17% for 200–300iu (near 100% for NDO), UTIs in 21% for 100iu and 33–41% for 200–300iu. UTI risk is due to cystoscopy with placebo injections (8%) plus that caused by increased residuals.
Methods: We retrospectively searched the pharmacy database for dispensed botulinum toxin over a 2-year period and reviewed the relevant flexible cystoscopy lists. We used computerised patient records to confirm intravesical injections, extract demographics, review indications, complications and effectiveness, and gain data on previous intravesical injections. Follow-up was 5 months after the study period.
Results: 54 patients were identified; 42 receiving Botox®, 12 receiving Dysport®. Patients were aged 20 to 84 (median 58), with 38 females and 16 males. 31 patients had IDO, 23 had NDO. Overall, 63% reported symptomatic improvement, 20% newly commenced ISC (32% in IDO) and 15% had at least one UTI regardless of prophylaxis.
Conclusions: Our response rate fits in well with published literature, as do rates of UTI. ISC rates in IDO are higher than expected, but do include all patients needing even a short period of ISC. There is no obvious advantage of using routine antibiotic prophylaxis in the studied cohort.

Conflicting interests

The Authors declare that there is no conflict of interest.

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Informed consent

Not applicable.

Ethical approval

Not applicable.

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The role of Pelvic Floor Multidisciplinary Team for the management of pelvic floor dysfunction – the experience of a tertiary unit

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Introduction: Multidisciplinary team (MDT) is an integral part in the care of women with complex pelvic floor conditions. With the rise in litigation and controversies surrounding the use of mesh in the treatment of pelvic organ dysfunction, multiple agencies such as NICE, MHRA, BSUG and the relevant Royal Colleges (RCOG, RCS) recommend the routine use of MDT to provide high-quality evidence-based care. The aim of this study was to review the outcomes and the impact of the joint Pelvic Floor MDT (PFMDT) on patient care in a tertiary setting.
Methods: All MDT proformas and patients' case notes were reviewed between January 2015 and January 2016. MDT outcomes were compared with the initially formulated management plan. These included change of management team, surgeon or operation planned. Time from first clinic presentation, decision for referral to MDT and MDT discussion was assessed.
Results: 159 cases were identified in the 1-year period. Mean age of women discussed was 55.2 (SD 13.3). Mean time from decision to refer to MDT discussion was 20 days (SD 14.24). Urinary incontinence or voiding dysfunction were the predominant indications for MDT referral in 106/159 (67%). Change of management plan was observed in 32/159 (20%) and change of management team in 25/159 (16%) of cases. In 127/159 (80%) the PFMDT confirmed the initially formulated management plan.
Conclusions: Joint Pelvic Floor MDT ensures appropriate management of complex cases of pelvic organ dysfunction. Up to 1/5 of patients have a change in clinical management following MDT discussion. This forum also allows for multidisciplinary working and close collaboration between specialties.

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Open Burch colposuspensions: still a valid treatment option for 2016

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Introduction: We present a contemporary series of Burch colposuspensions in a single centre, the outcomes and complication rates.
Methods: We performed a retrospective analysis of a single-centre case series of 86 Burch colposuspensions performed between 2010 and 2015. The following parameters were analysed: pre-operative urodynamic results, pre-operative physiotherapy (undertaken or not), operative time (surgery start to surgery end, excluding anaesthetic time), post-operative complications, length of hospital stay, type of analgesia required at discharge.
Results: 76 of 86 patients underwent pre-operative formal urodynamic analysis (88%). 66 had proven pure stress incontinence (77%). Eight had mixed urge and stress incontinence (9%). One had urge incontinence. One had stress urinary incontinence with mild overactive bladder. Four patients had an inconclusive study. 88% of patients underwent formal, pre-operative physiotherapy. Mean operating time was 48 min, with a range of 15–78 min. 45 of 86 patients had no recognised complication (52% of total). Eight patients developed de novo urge incontinence (9.3%). Eight had a post-operative wound infection (9.3%). Two patients had a wound dehiscence. Four patients had post-operative proven urinary tract infection. Six patients had ongoing pain. Three patients were unable to void post-operatively, requiring intermittent self-catheterisation. Median length of stay in hospital was 4 days (range 3–16) falling to a median stay of 2 days, (range 2–4) after mid-way review of practice. Five (6%) patients were discharged home pain-free. 69 (80%) required simple analgesia. 12 (14%) required an opioid as well.
Conclusions: Burch colposuspension remains, in our unit, a valid option for the treatment of stress urinary incontinence with comparable complication rates.

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Secondary failure of Botox therapy – a prospective study at a single centre to determine rate, predictive factors and response to subsequent treatments

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Introduction: Repeat injections of Botox for refractory overactive bladder (OAB) have been proven to be safe and have durable results. Most dropouts tend to occur early due to tolerability issues or primary failure of efficacy. A small number of patients, however, fail to respond to treatment having previously had good outcomes. We conducted a study to determine the rate of these 'secondary failures' and if it could be anticipated.
Materials and methods: Prospectively collected data of all patients receiving Botox injections at a single centre between March 2009 and February 2016 were analysed. Indication, urodynamic findings and outcomes including duration of response were recorded. Those patients who had had at least three treatments and had secondary failure of efficacy had their case notes examined.
Results: 10 patients had secondary failure of Botox therapy. Pre operative urodynamic studies (UDS) confirmed detrusor overactivity (DOA) in six patients, neurogenic DOA in two and two had normal studies (symptoms of OAB wet). The median number of treatments before stopping was 6.5 (3–8). Average length of response after the initial treatment was 12.8 months. The average length of response at the last treatment was 4 months. Those fit enough to have SNS / bladder augmentation had good responses (three and one, respectively); the remaining patients continued with medical therapy or containment.
Conclusions: The number of patients having 'secondary failure' of Botox treatment is low and cannot be predicted by symptoms, urodynamic findings or initial length of response of treatment. These patients can have good outcomes with other interventions.

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