Use of Botulinum Toxin A for Overactive Bladder Adults

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Primary Care

Initial Assessment to identify underlying cause

Standard Urotherapy

Behavioural/Lifestyle changes
Fluid intake
Adequate urination intervals
Adequate positioning for voiding and defecation
Avoidance of caffeine, chocolate and citrus foods

Constipation
Hydration and fibre intake
Treatment with laxatives

Minimum 2 months

Non-neurogenic
Inadequate response to urotherapy

Neurogenic
May already undergoing intermittent catheterisation

Pharmacological Treatment with Anticholinergics as per BNSSG Formulary
Trial duration **minimum 1 month** at maximum tolerated/licensed dose and review
If ineffective or not tolerated, try alternative formulary option for minimum 1 month at maximum tolerated/licensed dose and review

Contraindicated, not tolerated or ineffective

Mirabegron (TLS blue) as per NICE TA290
Trial duration **minimum 6 weeks** at maximum tolerated/licensed dose
Consider combination antimuscarinic therapy such as Solifenacin + Mirabegron[6] (TLS Blue)
Trial duration **minimum 1 month** at maximum tolerated dose

Contraindicated, not tolerated or ineffective

Secondary Care

Referred for detrusor activity assessment using urodynamics and MDT decision

Non-neurogenic detrusor over activity (DO)
Persistent wetting despite maximal medical therapy

Neurogenic detrusor over activity (DO)
Persistent neurogenic detrusor overactivity and/or poor bladder compliance despite maximal medical therapy

Botulinum Toxin A administration
Non-neurogenic 100 units under local/general anaesthetic
Neurogenic 200 units under local/general anaesthetic

Contraindicated, not tolerated, ineffective, or not willing or able to self-catheterise

Surgical Intervention
Sacral neuromodulation/ Ileal conduit/ augmentation cystoplasty using intestinal segment

Telephone consultation with Nurse in 6 weeks. Reassess in clinic after 3 months to assess outcomes and for suitability of repeated Botulinum toxin A injections after 6-9 months according to duration of action in individual patient [based on return of DO +/- wetting]

Prof Marcus Drake&Prof Hashim Hashim. Approved APMOC June 2024. Review June 2027

Re-treatment

Following a minimum of a 3 month interval after Botulinum Toxin A treatment, if urinary incontinence symptoms return, patients can self-refer for repeated treatment.

Stopping criteria

If Botox treatment is contra-indicated, not tolerated, causes adverse events or does not improve symptoms.

References

1. NICE Clinical Guideline CG148 Urinary incontinence in neurological disease: assessment and management. https://www.nice.org.uk/guidance/cg148
2. NICE Clinical Guideline NG123 urinary incontinence and pelvic organ prolapse
3. NICE Technology Appraisal Guidance TA290 Mirabegron for treating symptoms of overactive bladder. https://www.nice.org.uk/guidance/ta290/chapter/2-The-technology [Accessed 13.2.20]
4. Summary of Product Characteristics BOTOX® 100 Units (last updated on the eMC: 12.06.19) https://www.medicines.org.uk/emc/product/859/smpc [accessed 20 August 2019]
5. Summary of Product Characteristics BOTOX® 200 Units (last updated on the eMC: 12.06.19) https://www.medicines.org.uk/emc/product/436/smpc [accessed 20 August 2019]
6. Jefferson, K (North Bristol Trust) (2020) Evidence Review: Solifenacin and Mirabegron Combination Therapy for Overactive Bladder. (attached supporting document)