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# Intravesical botulinum toxin

Intravesical botulinum toxin injection.

Work out of the field? Discover our Remote Access Options Volume 111, Paper 1 p. 106-113 is known that the intravesical botulinum toxin (BT) is an effective treatment for the hyperactive bladder, especially in patients with detrusor neurogenic overactivity. Several studies have shown that the diagnostic quality and health of living parameters improve after intravesical BT treatment. The current study has the merit of reporting a real-life experience in a large United Kingdom National Health Service Educational Hospital. Unlike the controlled tests, this retrospective study was largely based on the choice of the patient, shows that most patients fail to persist with intravesical BT treatment, mainly due to tolerability problems. Evaluate long-term compliance with repeated injections of intravesical botulinum toxin (BT) in a mixed population of "real life" of patients with idiopathic detrusor and superimposition of neurogenic detrusor. To identify the reasons why patients have interrupted BT therapy and to explore the results of those patients who interrupted treatment. Retrospective evaluation of the case notes of a series of patients who had received intravesical BT treatment in a large UK teaching hospital. No antibiotic prophylaxis has been given for the procedure. Over a period of 7 years, 268 patients were started on the intravesical BT treatment for the hyperactive bladder (OAB) at our institution, with 137 followed by 36 months, with 80 patients with 60 months of follow up after their first injection. Nearly two thirds of patients (61.3%) had interrupted intravesical therapy BT at 36 months, with an interruption rate of 63.8% to 60 months. The main reasons for suspending were tolerability problems, mainly urinary tract infections and the need for clean intermittent self-catheterization. The primary and secondary losses of effectiveness were of secondary importance. Most patients who have been interrupted have remained under urology and now receive alternative methods of treatment. Intravesical BT therapy is effective short-term treatment for OAB. With time, two thirds of patients cease treatment usually due to the tolerability problems associated with treatment. BT Botanical Toxin CISC CLEAN INTERMITTENT SELF-CATHETERISATION HRQL QUALITY OF LIFE The hyperactive bladder OAB PVR postvoid urinary volume RCT Randomized RCT Controlled Urodynamic studies UDS The intravesical botulinum toxin (BT) was used for the first time in the urological tract in 1993 for the Dinetive treatment 1. Since then, it has been used to treat various urological conditions, such as idiopathic and neurogenic over-activity (Ido and NDO), Bop and pain syndrome, either Children in adults 2. Although the use of BT is not currently licensed in the UK for use in the urological tract (at the time of writing), he found his way in the arsenal of many urological surgeons who they occupy dysfunction of the lower urinary tract. The food is used and the administration recently approved its use for urinary incontinence in patients with neurological conditions. The efficacy profile and side effect of BT intravesical was shown in several randomized placebo-controlled trials (RCTs) 3-11, some of which showed the effectiveness and duration of intravesical BT treatment for a period, mainly in patients with NDO 12-15. However, little is known about long-term patient tolerance and acceptance of intravesical therapy repeated. Antimuscarinics and conservative management options (lifestyle changes, bladder requalification) are the first line treatment for hyperactive bladder (OAB). If antimuscarinic therapy fails or if patients have significant side effects from its use, BT is one of the second-line treatment options. It is administered through intravesical injections using a cystoscope under local or general anesthesia. The effectiveness of BT decreases with time, so patients require repeated injections every 5-9 months. The aim of this study was to evaluate the use of intravesical BT as a long-term option for patients with IDO and NDO, who had failed conservative measures, including antimuscarinic. The primary objective of this study was to assess the long-term compliance of patients with repeated intravesical BT injections. Secondary purposes were to identify the reasons why patients stopped BT therapy and explore the results of those patients who stopped treatment. We have identified 268 patients who had received intravesical BT, after its introduction to the Department of Urology of our hospital in 2004, for the treatment of overactivity of refractory detrusor. Of these patients, 118 had

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