

Intermittent Self-Catheterization after Botox intravesical Injection in Women

Objective

To assess the need to train patients for intermittent self-catheterization (ISC) before Botulinum Toxin (Botox) injections, through reporting of incidence, safety, and patient experience of ISC following intravesical Botox injections for the treatment of overactive bladder (OAB) and detrusor overactivity in women.

Design

Retrospective analysis of patients experiences and electronic notes of the women who had intravesical Botox injection for OAB at Milton Keynes University Hospital in 2024.

Method

A retrospective audit was conducted on female patients who underwent intravesical Botox injection at a Milton Keynes University hospital in 2024.

Data on indication of the Botox injection, patient counselling and training for ISC, ISC usage post Botox injection, duration and frequency of usage, and patient-reported outcomes related to retention, infection, trauma and complications as well as effectiveness of Botox were collected from medical records and patient surveys.

Key outcomes included the proportion of patients requiring ISC, the duration of ISC use, complications (e.g. urinary tract infections), and effectiveness of the Botox injection.

Results

A total of 23 women were included in the study. 21% required ISC post-injection due to urinary retention. The average duration of ISC use was 2-4 days. Urinary tract infections occurred in 13% of patients during the ISC period, with no other severe adverse events reported. About 65 % of the patients reported that the Botox was effective in controlling their symptoms.

Conclusion

The requirement for ISC following Botox intravesical injection in women is common but manageable. Although urinary retention and temporary ISC can pose challenges, complications are minimal, and patient satisfaction remains high.

Clear pre-procedure counselling, training, and ongoing support for ISC are essential to optimizing outcomes and satisfying patient experiences.

Further studies are recommended to explore the cost-effectiveness of ISC training before Botox injection and strategies to reduce ISC usage post Botox injection while maintaining therapeutic efficacy of the Botox injection itself for OAB.