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INTRAVESICAL BOTOX – A NURSE LED SERVICE: IMPROVING PATIENT’S EXPERIENCE AT THE WARRELL UNIT

M. Miranda, J. Mathew, J. Smith

Warrell Unit, SMH, Manchester Foundation Trust, UK

Background

Intravesical Botox has been widely used to restore urinary continence to patients with OAB symptoms. At the Warrell Unit this has been a nurse led service since 2019. We audited our service in line with National Standards (NG123) to see where we could improve the patient experience and develop a more efficient patient pathway.

Aims/Methods

The aim was to evaluate our practice and assess whether it is in line with national standards, to look at ways to decrease waiting times for treatment. This was a retrospective audit and data was collected from our electronic patient record.

Results

The results demonstrated that patients were waiting an average of 13 months between having UDS and being discussed in MDT. This was due to them having a consultation with a doctor after UDS before being discussed in MDT. They were then waiting an average of 78 days after MDT discussion before receiving their first treatment. We were over 95% compliant within all other domains of the standards apart from one for which we were 93% compliant.

Conclusion

Following this audit, we have developed a new pathway for patients undergoing intravesical Botox. We have removed the need for a doctor’s appointment after UDS and patients now go straight to MDT. After MDT, patients are booked into the next available slot for their first treatment within 2 months of the MDT. We plan to re-audit the service in January 2025 however, we have already seen improvements in the waiting times between MDT and first treatment - 66% of patients have their first treatment within 2 months whereas previously this was only 31%. We have also implemented a 4 week and 12-week telephone following the first treatment to ensure there are no adverse effects.

References

NICE Guideline NG123 -Urinary incontinence and pelvic organ prolapse in women (last updated June 2019); Abbvie 2023 Allergan. BOTOX® Prescribing Information, July 2021