

OP5

RECURRENT UTIS IN PATEINTS TREATED WITH INTRAVESICAL BOTULINUM TOXIN A INJECTIONS FOR OVERACTIVE BLADDER: PREVALENCE, RISK FACTORS AND MANAGEMENT

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Introduction

Recurrent urinary tract infections (UTIs) are defined as three UTIs in 12 months, or 2 in the preceding 6 months. Risk factors for development of recurrent UTIs in postmenopausal women include vulvovaginal atrophy, urinary incontinence, and catheterisation. The risk of developing recurrent UTIs following intravesical Botulinum Toxin A injections for OAB is poorly understood.

Objective

To investigate the factors which are associated with development of recurrent UTIs after Botox treatment and how these are best managed. Methods This is a retrospective cohort study of all patients treated with botulinum toxin A for OAB in a tertiary centre from 2007-2023. Data were collected retrospectively from medical records.

Results

132 patients were identified, with a total of 574 episodes of intravesical botulinum toxin injections. 21% of patients developed a UTI immediately post 1st Botox and 23% of patients developed recurrent UTIs. Development of recurrent UTIs was more prevalent in women who performed CISC ($p<0.001$) and those who developed a UTI after their first treatment ($p<0.001$). There was no association between developing recurrent UTIs and urodynamic diagnoses, including, reduced bladder capacity, low bladder compliance, high pressure detrusor overactivity and voiding dysfunction.

Discussion

In our cohort, almost 1 in 4 women who have intravesical botulinum toxin A injections for OAB developed recurrent UTIs. This was more common in those that developed a UTI after their first treatment and those that needed to perform CISC. Further research should be conducted to assess the role for prophylactic antibiotics in women performing CISC after Botox treatment for OAB.

References

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