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BOTULINUM TOXIN TYPE A: THE NON-INVASIVE SUCCESS FOR OVERACTIVE BLADDERS

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1 Background

Intradetrusor injections of botulinum toxin type A (TBA) have significantly changed the management of overactive bladder (OAB), allowing the acquisition of urinary continence and control of renal risks. This technique makes it possible to avoid bladder replacement surgery by enterocystoplasty. HAV incurs direct and indirect costs to society.

2 Aim and objectives

Our study has two main objectives: to evaluate the improvement of the handicap of patients with urinary incontinence by bladder hyperactivity, after injection of botulinum toxin A then to evaluate the cost effectiveness ratio.



3 Material and methods

A retrospective observational study of 74 patients, who received education on self-catheterization and treated with TBA at the Urology Department of between January 2018 and August 2022. A model was developed to estimate costs by comparing the cost of TBA versus a standard protocol (involving behavioral therapy, incontinence pads, anti-cholinergic treatment and catheters) excluding loss of productivity. A quality of life questionnaire was also administered to patients at the follow-up visits.

5 Results

TB injection

Product price (PH) 2482MAD
+
Anesthesia and materials (probe with injection syringe) 2018MAD
+
Hospital fee 2500 MAD

Total = 7000 MAD

TB injection (retained as AR)

Product price (PH) 2482 MAD
+
Anesthesia and materials (probe with injection syringe) 2018MAD
+
Hospital fee 2500 MAD
+
Self-catheterization 6000 MAD (5 self-catheters per day)

Total = 13000 MAD

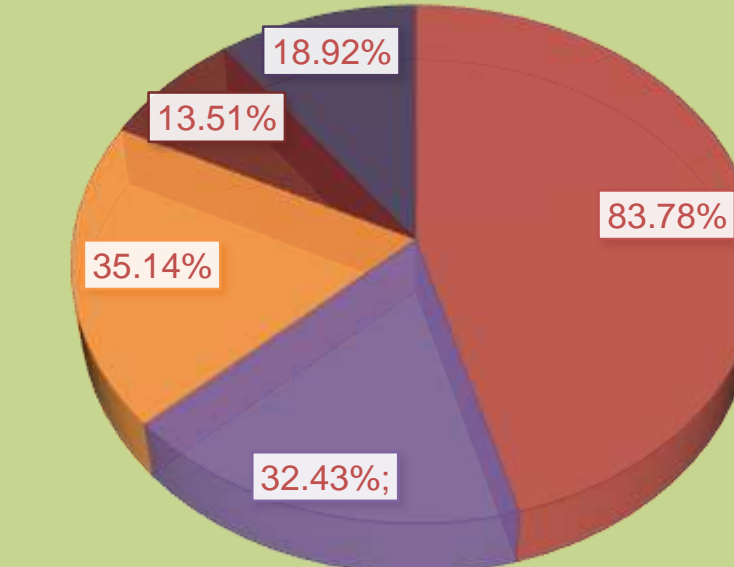
If retention: mandatory self-catheterization

Calculation of the cost of TBA treatment with and without self-survey

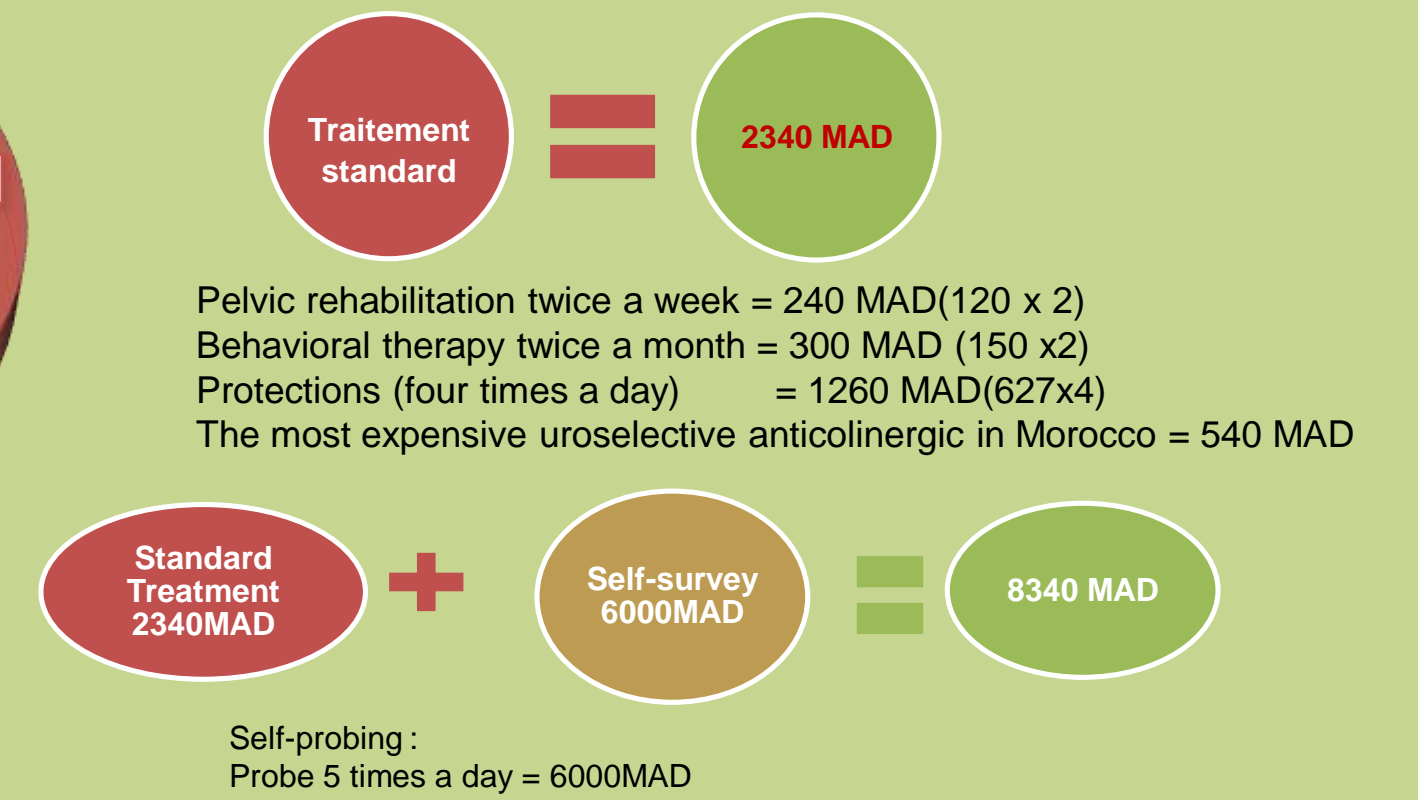
4 Results

1-Profiles of TBA use: Primo-injection in 83.78%. For the indication, AVH without leakage in 32.43%, urinary incontinence by AVH in 35.14%, multiple sclerosis in 13, 51% and spinal cord injury in 18.92%.

PROFILES OF TBA USE:



2-Calculated costs:



Our study shows that the hospital cost is higher than the standard treatment without self-catheterization and less expensive if catheterization was previously used, but with a significant improvement in the quality of life

Conclusion

For our center, since 2014, TBA represents a new therapeutic option in second-line treatment



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