



The satisfaction of patients with refractory idiopathic overactive bladder with onabotulinumtoxinA and augmentation cystoplasty

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Abstract:

Objective: To assess the satisfaction of patients with refractory idiopathic overactive bladder (OAB) with two treatment methods, onabotulinumtoxinA (oBTX) and augmentation ileocystoplasty (AC). **Patients and methods:** This prospective study included patients with refractory idiopathic OAB for >6 months and a urodynamic diagnosis of OAB. Oral pharmacotherapy had failed in all patients. Patients with any suspected neurological disorder were excluded. Before the procedure, patients completed the Urogenital Distress Inventory (UDI-6) and modified Incontinence Impact Questionnaire (IIQ-7), a neurological evaluation, a urodynamic study and their postvoid residual urine volume was measured. Patients were assigned to receive oBTX or AC, depending on patient's preference. Follow-up visits were at 6 weeks and 3 and 6 months after the procedure. The OAB Satisfaction questionnaire (OAB-SAT-q) was used to assess satisfaction after the procedure. **Results:** In all, 31 patients with refractory OAB were included, 16 in the oBTX group and 15 in the AC group. There was no significant difference between the groups in mean age, baseline OAB symptoms and urodynamic values. There were significant improvements in urinary symptoms (UDI-6) and quality of life (IIQ-7) after both procedures (except in the domain enquiring about difficulty, which significantly worsened after AC). Of the 16 patients, 15/16 and seven of 15 were completely dry after AC and oBTX, respectively. The overall and individual scores of the OAB-SAT-q were significantly higher among patients treated with AC than with oBTX. The incidence of the de novo need to use clean intermittent catheterisation after oBTX and AC was two of 16 and four of 15, respectively. **Conclusions:** Both procedures are effective in improving the symptoms of OAB and of quality of life, but patients were more satisfied with AC than oBTX therapy.

Published In:

Arab Journal of Urology , (2013) 11, 344-349 , NULL