



Intervention	<b>Botulinum toxin A injections into the bladder wall</b>
For the treatment of	Overactive bladder (OAB) (neurogenic or idiopathic detrusor overactivity)
Commissioning Position	<p>This intervention is commissioned if the following criteria for each respective group have been met:</p> <p><u>For women with idiopathic detrusor overactivity</u></p> <ul style="list-style-type: none"> <li>• symptoms are refractory to             <ol style="list-style-type: none"> <li>a. lifestyle modification AND</li> <li>b. behavioural interventions (a minimum of 6 weeks of bladder retraining OR 3 months of pelvic floor muscle training (in mixed urinary incontinence only, where there is some stress incontinence as well as OAB) AND</li> <li>c. anticholinergic medication to a maximal tolerated dose (two types for at least 6 weeks each) OR Mirabegron for at least 6 weeks, in people for whom anticholinergic drugs are contraindicated, clinically ineffective, or have unacceptable side effects</li> </ol> </li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• the woman has been referred to secondary care for specialist assessment and a diagnosis of detrusor overactivity has been confirmed AND</li> <li>• the woman is willing and able to self-catheterise AND</li> <li>• the decision to offer Botulinum toxin A injections has been recommended following local MDT review</li> </ul> <p><u>For men with idiopathic detrusor overactivity</u></p> <ul style="list-style-type: none"> <li>• symptoms are refractory to conservative management AND</li> <li>• symptoms are refractory to at least 6 weeks of anticholinergic medication [OR Mirabegron for at least 6 weeks, in people for whom anticholinergic drugs are contraindicated, clinically ineffective, or have unacceptable side effects) AND</li> <li>• the man has been referred to secondary care for specialist assessment and a diagnosis of detrusor overactivity has been confirmed AND</li> <li>• the man is willing and able to self-catheterise</li> </ul> <p><u>For adults or children with urinary dysfunction due to spinal cord disease e.g. spinal cord injury or multiple sclerosis</u></p> <ul style="list-style-type: none"> <li>• who have symptoms of an overactive bladder OR urodynamic investigations have shown impaired bladder storage AND</li> <li>• in whom a behavioural management programme (for example, timed voiding, bladder retraining or habit retraining) has been ineffective or is not appropriate AND</li> <li>• in whom antimuscarinic drugs for at least 6 weeks have proved to be ineffective or poorly tolerated AND</li> </ul>



	<ul style="list-style-type: none"><li>• who are able and willing to manage a catheterisation regimen should urinary retention develop after the treatment with Botulinum toxin, and have been counselled that a catheterisation regime is needed by most people after treatment</li></ul> <p>If Botulinum treatment is effective, repeat injections are commissioned for when symptoms return but not at intervals less than 13 weeks.</p>
Summary of Rationale	Current evidence indicates that this treatment is clinically effective in the circumstances specified.
References	<a href="#">NG123 Urinary incontinence and pelvic organ prolapse in women: management (NICE)</a> <a href="#">CG97 Lower urinary tract symptoms in men: management (NICE)</a> <a href="#">TA290 Mirabegron for treating symptoms of overactive bladder (NICE)</a> <a href="#">CG148 Urinary incontinence in neurological disease: assessment and management (NICE)</a>
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