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| Intervention | **Botulinum toxin A injections into the bladder wall** |
| For the treatment of | Overactive bladder (OAB) (neurogenic or idiopathic detrusor overactivity) |
| Commissioning Position | This intervention is commissioned if the following criteria for each respective group have been met:  For women with idiopathic detrusor overactivity   1. symptoms are refractory to    1. lifestyle modification AND    2. 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    3. 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   AND   1. the woman has been referred to secondary care for specialist assessment and a diagnosis of detrusor overactivity has been confirmed AND 2. the woman is willing and able to self-catheterise AND 3. the decision to offer Botulinum toxin A injections has been recommended following local MDT review   For men with idiopathic detrusor overactivity   1. symptoms are refractory to conservative management AND 2. 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 3. the man has been referred to secondary care for specialist assessment and a diagnosis of detrusor overactivity has been confirmed AND 4. the man is willing and able to self-catheterise   For adults or children with urinary dysfunction due to spinal cord disease e.g. spinal cord injury or multiple sclerosis   1. who have symptoms of an overactive bladder OR urodynamic investigations have shown impaired bladder storage AND 2. in whom a behavioural management programme (for example, timed voiding, bladder retraining or habit retraining) has been ineffective or is not appropriate AND 3. in whom antimuscarinic drugs for at least 6 weeks have proved to be ineffective or poorly tolerated AND 4. 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   If Botulinum treatment is effective, repeat injections are commissioned for when symptoms return but not at intervals less than 13 weeks. |
| Summary of Rationale | Current evidence indicates that this treatment is clinically effective in the circumstances specified. |
| References | [NG123 Urinary incontinence and pelvic organ prolapse in women: management (NICE)](https://www.nice.org.uk/guidance/ng123)  [CG97 Lower urinary tract symptoms in men: management (NICE)](https://www.nice.org.uk/guidance/cg97)  [TA290 Mirabegron for treating symptoms of overactive bladder (NICE)](https://www.nice.org.uk/guidance/ta290)  [CG148 Urinary incontinence in neurological disease: assessment and management (NICE)](https://www.nice.org.uk/guidance/cg148) |
| Effective from | October 2024 |
| Policy Review Date | October 2027 |