



Re: Urinary Retention in Female OAB After Intravesical Botox Injection: Who is Really at Risk?

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EDITORIAL COMMENT

The prevalence of overactive bladder (OAB) in the general population is nearly 16% and it increases with age. In non-responders who are managed with oral therapies, there is a need for the intradetrusor injections of onabotulinumtoxinA (Botox). Adverse effects, including the potential risk of urinary retention requiring catheterization are among the greatest concerns for OAB patients considering Botox injections. The efficacy of Botox (100 U) in the treatment of refractory OAB has been proven in several clinical trials, however, the risk factors for the occurrence of urinary retention after Botox injections are still not well recognized. Studies do not describe the factors for the prediction of urine retention after Botox (100 U) injections in patients with refractory OAB. As the dose of Botox increases, urinary retention risk increases, but recurrent injections decreases the risk. In this study, the risk factors for urinary retention was observed in 208 women who were treated with 100 IU Botox injections for refractory OAB. The study revealed the risk factors for urinary retention as 3 or more vaginal deliveries and advanced age. No need for clean intermittent self-catheterization (CISC) was seen for more than 12 weeks. The minimum duration of CISC was 20 days and a maximum of 83 days with a mean of 45.5 days. No potential risk factors for the duration of CISC were observed. Although all patients should be warned before receiving Botox injections about the potential risk of urine retention, elderly women and multiparous women are at an increased risk.

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