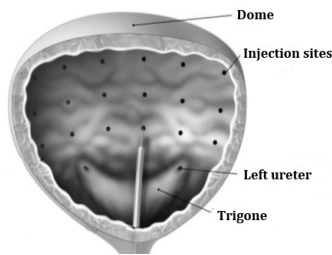


BAUS Essential In-House Audit Frameworks

Botulinum toxin A for refractory idiopathic OAB

This is a retrospective audit to assess BTX-A treatment under LA (in an outpatient setting) & GA (as an inpatient). It looks specifically at what counselling is given about risks & benefits, whether procedure-specific information has been administered, if training has been given in CISC, the involvement of a specialist nurse and adequate initial BTX-A dosing.

Background to the audit



Botulinum toxin A (BTX-A) is a recognised, licensed and established treatment for patients who have failed lifestyle changes, dietary interventions and oral pharmacotherapy for overactive bladder symptoms.

However, patients need to be appropriately worked up and counselled regarding adverse events such as UTI and voiding dysfunction, together with the possibility of needing to perform clean intermittent self-catheterisation (CISC).

NICE guidelines have stipulated a number of standards related to this treatment and these form the basis of benchmarking in this audit.

The standard

Efficacy and satisfaction of approximately 70%, should be possible if patients have been appropriately investigated and counselled regarding the treatment.

Assessment of local practice

Perform a **retrospective** review of patients undergoing BTX-A treatment in outpatients (LA) and theatres (GA).

Data items to be collected

- patient demographics;
- urodynamics to confirm detrusor overactivity;
- discussion in MDT before treatment;
- documented evidence that patients were appropriately counselled e.g.
 - notes;
 - consent: alternatives discussed such as sacral nerve stimulation;
 - documented evidence of having received the appropriate [BAUS procedure-specific information](#);
 - informed of risk and the possible need to perform CISC;

- higher risk of UTI;
- need for re-treatment.
- patient trained in CISC; and
- initial dose of 100 U used.

Suggested numbers

50 consecutive patients.

Estimated time required

10 hours, once the clinical notes have been received.

Suggestion(s) for change if targets are not met (* see below)

- Present in local departmental audit and discuss need for improvement;
- Consider a proforma and tick boxes if these will help current set up;
- Use of a specialist nurse - a key element to running a successful service will include the use of a specialist nurse (in CISC training, counselling, point of contact for problems etc.) and, if not currently involved, this should be strongly considered.
- Re-audit after changes implemented.

(please consider if any other improvements are possible, even if all targets have been met)*

Publication & contact details

Mr Arun Sahai, Consultant Urological Surgeon, Guy's & St Thomas's Hospital, London ([email the author](#))