Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

BOTULINUM TOXIN POLICY FOR MANAGEMENT OF BLADDER DYSFUNCTION

CRITERIA BASED ACCESS

Commissioning Policy Introduction

Botulinum Toxin A is a powerful neurotoxin which is used medically to relax muscles and for certain conditions there are recognised benefits to patients.

Botulinum Toxin treatment will not be available for the treatment of facial ageing or excessive wrinkles.

NICE clinical guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS. They are based on best available evidence. NHS organisations are entitled to take decisions which do not follow Guidance (other than NICE TAs) if they have a good reason to do so. The availability of resources and competing priorities can be a good reason.

Management of bladder dysfunction in adults not adequately managed with anticholinergics for:

- Overactive bladder with symptoms of urinary incontinence, urgency and frequency.
- Neurogenic detrusor over-activity with urinary incontinence due to sub-cervical spinal cord injury or MS.NICE CG 171 Urinary incontinence: The management of urinary incontinence in women. September 2013

NICE CG 148 Urinary incontinence in neurological disease: Management of lower urinary tract dysfunction in neurological disease. August 2012

NICE CG 97 Lower urinary tract symptoms: The management of lower urinary tract symptoms in men. May 2010.

Botulinum Toxin A may be considered as a treatment option in patients who fulfil the following eligibility and continuation criteria:

1. Received and not responded to a trial of conservative management.

    - Lifestyle interventions including:
    - Modify high or low fluid intake.
    - Reduce weight.
    - Reduce caffeine.
    - Appropriate behavioural management programme (e.g. bladder training lasting at least 6 weeks).
    - For patients with mixed urinary incontinence pelvic floor muscle training lasting at least 3 months.

2. Received and not responded to drug trials of (unless contra-indicated or not tolerated):

    - At least 3 anti-muscarinic drugs tried for 2 months each.
    - In post-menopausal women with vaginal atrophy intra-vaginal oestrogen for 3 months.

3. Urodynamic confirmed detrusor over activity.

4. Symptom severity should be reviewed (from a patient completed bladder diary of at least 3 days) by a consultant urologist to determine clinical suitability for treatment and to ensure the eligibility criteria are met.

5. Willing and able to self-catheterise.

6. Continuation criteria assessed at 3 months following treatment of:

    - A 50% or greater improvement in continence episodes or urgency episodes per day.

7. Repeat injections to be given no less than 9 months following previous injection.