# #444 Utilising the LiNA OperaScope for the administration of intravesical botox under local anaesthetic

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#### Introduction

Intravesical BOTOX is a well-established treatment for overactive bladder. The current standard of care for administration under local anaesthetic (LA) is via a flexible cystoscope, requiring a significant amount of equipment including a surgical stack system and on-site sterilisation facilities. Additionally, the size of the flexible cystoscope is often a cause of discomfort.

The LiNA Opera Scope system (LiNOSS) is an allin-one disposable scope with built-in screen and working channel. We investigated the tolerability and feasibility of intravesical BOTOX administration under LA using the LiNOSS.

#### Results

All patients successfully underwent the procedure. On average, the "pain level" with the LiNOSS was rated 1/10 (range 1-3), whereas their previous cervical smear test was rated 3/10 (range 1-5).

The set-up, use and visualisation were reported to be "very good" by the surgeon on a visual analogue scale.

There was one case of equipment failure, however the procedure was still completed with no immediate issues.



### **Methods**

**50 women** with overactive bladder refractory to medical treatment underwent 100 units of BOTOX administration (diluted in 10mL of 0.9% Sodium Chloride) under LA using the LiNOSS and retractable needle.

The overall diameter of the scope is 12Ch, with a 5.5Ch working channel.



The LiNOSS appears to be a safe and viable modality for intravesical BOTOX, with excellent tolerability and ease of use.

## The procedure itself appears to be better

tolerated than the cervical smear test, which

Feedback from both surgeon and patients were recorded. Patient tolerability was also noted using a visual analogue scale and compared to their previous cervical smear test experience





acts as a good benchmark when consenting patients.

More data is needed to establish the efficacy of

BOTOX administered in this manner.

Ethical Approval: Hospital Trust Level Audit on Surgical Outcomes

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