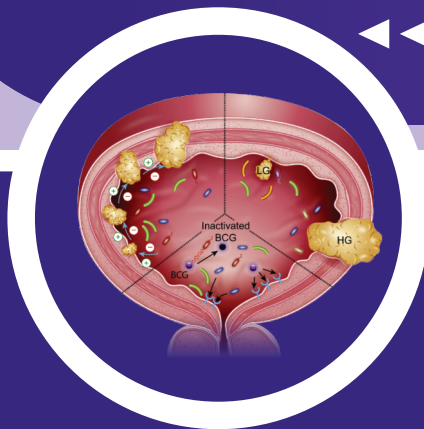




**GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY**

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NewsLetter

Supplement



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“BOTOX” in the game: Tips and Tricks in Interstitial Cystitis/Bladder Pain Syndrome

We at Swati Spentose Pvt. Ltd, in 2016 had taken up an initiative to bring about awareness in Interstitial Cystitis!!!

&

We are still going strong and believe to continue going stronger and stronger with every passing year...

“

**He who has health, has hope;
and he who has hope, has
everything!!!**

- Thomas Carlyle

”

Interstitial Cystitis - This has to **STOP!!!**

Have you ever thought of a feeling of sudden urgency to void with severe pelvic pain?... Be devoured by the feeling???...

Dr. Sanjay Pandey, the Head of Department of Urology, Gender Reassignment and Renal Transplantation at Kokilaben Dhirubhai Ambani Hospital, Secretary of Global Interstitial Cystitis Bladder Pain Society (GIBS) focused on tips and tricks for using Botulinum Toxin A in pelvic floor spasms, vaginismus or IC/BPS for patients

who are suffering... who are in agony... in case of flare ups and reduce the number of hospital visits in an attempt to improve the quality of life of these individuals.

Earlier, Botulinum Toxin A was proven and taken up by USFDA for upper limb muscle spasm spasticity. Later, in 2011 Botulinum Toxin A came up in Urology after FDA approval for refractory Vaginismus exhibiting pelvic floor spasms. Pelvic floor therapy was too one such scope aiming to treat pelvic floor spasms or pelvic floor dysfunction.

The pelvic floor cavity allows women to have a coitus, which was impossible in patients with vaginismus and probably all kinds of physio or psychotherapy which could actually help them, was found adrift in their refractory vaginismus.

This condition provoked Dr. Pandey to come up with a thought of some tips and tricks and he, later shared his idea about tips and tricks in use of Botulinum Toxin A.

Botulinum toxin A injections are in powdered form, completely invisible, settled down at the bottom of the vials in frozen state. The Botulinum toxin A injections are very expensive and hence, mishandling must be avoided. Mishandling must be avoided during reconstitution as every drop matters. Passage and formation of air bubble inside the vial must be avoided. The vial must be restricted from shaking. The vial is vacuumized and hence minor shake may lead to formation of air inside it which can't be proceeded with, to be injected both in the muscles or in the bladder.

The injections must be injected under general anesthesia with a spinal needle during refractory conditions where medicines and

pelvic floor therapy has been a failure. The finalized dose may be 100 or 200 units. 200 units are generally recommended for deep muscle pelvic floor. The amount of pelvic floor spasm is best associated and evaluated under local examination and the final trigger points are re-evaluated and the site of injection is finalized. Locating the area for injection is one of the most important facets and needs pre-evaluation, as Botulinum Toxin A injection on wrong site may lead to fecal as well as urinary incontinence. Hence, the worrisome surfaces of vagina for injections are anterior and posterior surfaces. This might impact the neighbouring organs as well i.e. the rectum and the urethra and one definitely end up with diminutive incontinence.

Thorough understanding of the pelvic floor is essential which helps to locate the best suitable site for injecting Botulinum toxin A injections. Lateral, posterolateral, anterolateral are the most suitable sites for Botulinum Toxin A injections under general anesthesia and makes the procedure well tolerable and the injections last in pelvic muscles and the skeletal muscles for next three to five months compared to the bladder where traditionally the injections would last for six to nine months. The technique may even probably allow to be effective for 9 to 12 months. But in the skeletal muscles one may have to come back after 4 to 6 months or even 6 to 9 months as required. Depending upon the effect or efficacy the next visit is being decided.

Hence the tips and tricks follow a finalized set dose of 100 to 200 units, with general anesthesia and avoidance of formation of air bubbles with Injections in lateral and posterolateral regions of the pelvic floor and the procedure is done successfully.



Presenter

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*The Blog is written by Dr. Sapna Biswas [Scientific Writer - GIBS] while
it was presented by me at GIBS 2021 6th Annual Conference on IC/BPS.*

- Dr. Sanjay Pandey