Independent variable ($P < 0.05$). Both age and weight were not significant.

**Conclusion:** OAB is highly prevalent amongst Saudi women with negative effects on QoL. The number of children was a significant risk factor for either urgency or nocturia. Comprehensive healthcare programmes are needed for the diagnosis and management of this syndrome.

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[7] Efficacy, complications and tolerability of repeated intravesical onabotulinumtoxinA injections in interstitial cystitis/bladder pain syndrome

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**Objective:** To evaluate the outcome, safety, and patient’s tolerability of repeated intravesical onabotulinumtoxinA (BOTOX) injection for interstitial cystitis (IC)/bladder pain syndrome (PBS).

**Methods:** The medical charts of 26 adult patients (four males and 22 females, with a mean age of 40.9 years) who underwent BOTOX injections for IC/PBS from March 2010 to June 2017 were retrospectively reviewed. BOTOX injections of 100, 150 or 200 U were given depending on patient’s condition and side-effects. Preoperative and intraoperative data, and pre, same day postoperative and 4-months postoperative treatment pain scores via visual analogue scale (VAS) scoring, were collected from the files. The patient’s satisfaction rate was assessed through a short survey: ‘fully satisfied’, ‘partially satisfied’, or ‘not satisfied’, if the patient would repeat the injections, and if the patient would recommend this therapy to other patients.

**Results:** In all, 26 charts were reviewed. Overall, the patient’s tolerability of repeated intravesical onabotulinumtoxinA (BOTOX) injection for interstitial cystitis (IC)/bladder pain syndrome (PBS). Five of the 26 patients had classic bladder ulcerations and three had complete resolutions of ulcers after two repeated intravesical BOTOX injections, and the remaining two had significant improvement (>50%) in their ulcers. There were no major intraoperative or postoperative complications. Postoperative urinary retention occurred in three patients, and they were managed by clean intermittent catheterisation. Another three patients had urinary tract infections but did not require admission. In all, 16 of 23 patients were fully satisfied and seven of 23 partially satisfied. About 88% of patients would repeat the treatment and 77% of them would recommend the treatment to other patients.

**Conclusion:** Repeated intravesical BOTOX injection is an effective, well-tolerated, and safe treatment modality for patients with IC/PBS. It has very good outcomes in controlling pain symptoms and treating bladder ulcers.

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[8] Photo-selective vaporisation of the prostate (PVP) with the 180-W GreenLight XPS laser, single-centre experience in high-risk patients

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**Objective:** To evaluate the safety and efficacy of the 180-W GreenLight XPS laser for treating high-risk patients with benign prostatic hyperplasia (BPH) and to assess patient’s satisfaction with treatment.

**Methods:** We retrospectively reviewed the charts of 44 high-risk patients who underwent PVP with the 180-W GreenLight XPS laser performed by a single surgeon between November 2013 and December 2016, with a follow-up of $\geq$1 year. High-risk patients were classified as those who had at least one of the following: on anticoagulant therapy, urinary retention, or prostate size of >100 mL. Preoperative, intraoperative, postoperative, and long-term satisfaction were recorded.

**Results:** In all, 44 patients were included in the study. The mean (range) age was 69.9 (55–88) years. All patients had at least one high-risk factor. In all, 30 patients had urinary retention, 12 had ischaemic heart disease on anticoagulant therapy, the mean (range) prostate size was 111.5 (40–250) mL, 20 patients had a prostate size of <100 mL, and the remaining 24 ≥100 mL. There was renal impairment in six patients, bladder stones in two, previous transurethral resection of the prostate in four, haematuria in six, recurrent urinary tract infections (UTIs) in 11, urinary incontinence in six, and 29 patients had other lower urinary tract symptoms. The mean surgery time was 72.9 min, the mean energy used was 230705 W, the mean laser time was 32 min. One patient required postoperative intensive care unit admission due to a chest infection, one required blood transfusions, three developed UTIs, and one developed urethral stricture. The mean maximum urinary flow rate pre- and postoperatively was...