Intravesical instillation of DMSO: procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
Instillation of dimethyl-sulphoxide into the bladder to relieve symptoms of interstitial cystitis or similar non-infective bladder conditions

What are the alternatives to this procedure?
Observation, tablet treatment, urinary diversion, bladder substitution, removal of the bladder with urinary diversion or bladder reconstruction

What should I expect before the procedure?
Your Consultant Urologist has advised you to have a course of treatment with Dimethysulphoxide (DMSO, Rimso-50) to treat your inflammatory bladder condition.
The treatment is normally performed without the need for any anaesthetic and is carried out on an outpatient basis.

You may be asked to complete an Interstitial Cystitis (IC) Symptom questionnaire before your treatment. If you have not done this already.

Six treatment sessions are usually performed at weekly intervals to ensure the best response. Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

**What happens during the procedure?**

Treatment involves inserting a fine tube (called a catheter) into your bladder using some local anaesthetic jelly. The drug is then instilled into the bladder for approximately 30-40 minutes. Whilst the drug is in your bladder, you will need to turn every few minutes in order to coat the whole of the bladder wall with the solution.

At the end of the treatment, you will be able to go to the toilet and pass out the drug solution in the normal manner after removal of the catheter.

During the treatment, you may experience stinging or burning and you may not be able to tolerate it for the full amount of time. However, after the first couple of treatments, this usually improves and, by the end of the course, you should notice a lessening of your symptoms.

**What happens immediately after the procedure?**

Once the treatment has been completed, you will be able to go home.

You should drink plenty of fluids (2-3 litres) for the few days after the treatment. We also advise you to continue any medications which you have been prescribed for your symptoms during this period.
**Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**
- Pain/discomfort during treatment resulting with inability to tolerate the treatment for the full period
- Discolouration of the urine
- Blood in the urine
- Garlic-like smell in the urine and on your clothes

**Occasional (between 1 in 10 and 1 in 50)**
- Urine infection
- Failure to relieve symptoms completely requiring further treatment

**Rare (less than 1 in 50)**
- Inability to pass urine (retention of urine)

**Hospital-acquired infection (overall risk for Addenbrooke’s)**
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

**What should I expect when I get home?**

If you experience flu-like symptoms, shivering/shaking, any pain/burning when passing urine or a high temperature, you should contact your GP since you may require treatment with antibiotics.

If you are unable to pass urine after the test, you should contact your GP or the Specialist Nurses immediately

**What else should I look out for?**

One factor worthy of note is that DMSO has a characteristic smell. Your family and friends, therefore, may be aware of an odd, garlic-like odour, usually apparent on the day of treatment. This tends to disappear within 48 hours.
Are there any other important points?

Once your treatment is complete, a follow-up outpatient appointment will be arranged for you to re-assess your symptoms. If there has been a good response to the treatment, we often recommend maintenance treatment, on a monthly basis for up to 6 months, to prevent a recurrence.

If DMSO treatment fails to help, it may be necessary to consider alternative treatments such as tablets or steroids and, in certain cases, to consider surgery to replace the diseased bladder, although this is very unusual.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this field at Addenbrooke’s Hospital?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

Oncology Nurses

- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

Non-Oncology Nurses

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

Patient Advice & Liaison Centre (PALS)

- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
*801 (from patient bedside telephones only)

- E mail	pals@addenbrookes.nhs.uk
- Mail

PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community
- Telephone
  +44 (0)1223 217769
- E mail
derek.fraser@addenbrookes.nhs.uk
- Mail

The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
- Telephone
  +44 (0)1223 274604

Access Office (travel, parking & security information)
- Telephone
  +44 (0)1223 586969

What should I do with this form?
Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature........................................Date........................................

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk
Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

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