

## INTRAVESICAL INSTILLATION OF DMSO

### What evidence is this information based on?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

### What does the procedure involve?

Instillation of dimethylsulphoxide (DMSO) into the bladder to relieve symptoms of interstitial cystitis or similar non-infective bladder conditions.

### What are the alternatives to this procedure?

Alternatives to this procedure include observation, tablet treatment, urinary diversion, bladder substitution, removal of the bladder with urinary diversion and bladder reconstruction.

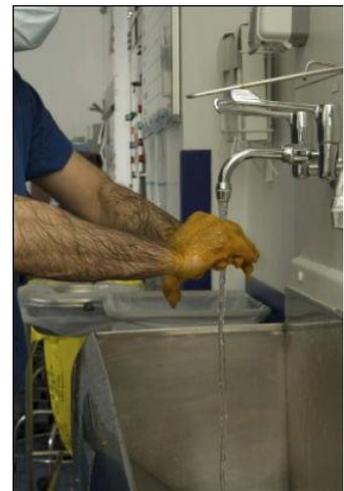
### What should I expect before the procedure?

Your Consultant Urologist has advised you to have a course of treatment with dimethylsulphoxide (DMSO, Rimso 50) to treat your inflammatory bladder condition. We normally perform this treatment on an outpatient basis. If you have not done so already, you may be asked to complete an Interstitial Cystitis (IC) Symptom questionnaire before your treatment.

We recommend six treatment sessions at weekly intervals to be sure of the best results.

### Please tell your surgeon (before 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



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- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human derived growth hormone).

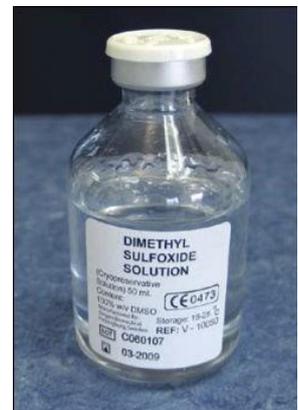
When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

### What happens during the procedure?

Treatment involves inserting a fine tube (catheter) into your bladder using some local anaesthetic jelly. The DMSO is then put into your bladder and left for 30 to 40 minutes. Whilst the drug is in your bladder, you will need to turn every few minutes 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 way after the catheter has been removed.

During the treatment, you may experience stinging or burning, and you may not be able to manage the full amount of time. After the first couple of treatments, however, this usually improves. By the end of the course, you should notice a marked improvement in your symptoms.



### What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

Once the treatment has been completed, you will be able to go home. You should drink plenty of fluids (two to three litres) for the first few days after the treatment. We also advise you to continue any medications you may have been prescribed for your symptoms during this period.



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### Are there any side effects?

Most procedures have possible side effects. But, although the complications listed below are well recognized, most patients do not suffer any problems.

### Common (greater than 1 in 10)

- Discomfort during treatment which prevents you from tolerating treatment for the full period.
- Discolouration of your urine.
- Blood in your urine.
- Garlic- like smell in your urine and on your clothes.

### Occasional (between 1 in 10 and 1 in 50)

- Urine infection.
- Failure to relieve your symptoms completely (requiring further treatment).

### Rare (less than 1 in 50)

- You may be unable to pass urine at all (retention).

### Hospital acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

**Please note:** The rates for hospital acquired infection may be greater in “high risk” patients. This group includes, for example, patients with long- term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

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

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow - up will be and who will do this (the hospital or your GP).



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If you experience flu like symptoms, shivering or shaking, pain when you pass urine or a high temperature, you should contact your GP since you may require treatment with antibiotics. If you are unable to pass urine, you should contact your GP or the specialist nurses immediately

### What else should I look out for?

DMSO has a characteristic smell. Your family and friends may be aware of a garlic-like odour, usually on the day of treatment but this tends to disappear within 48 hours.

### Are there any other important points?

Once your treatment is complete, we will arrange an outpatient appointment for you to re-assess your symptoms. If you have had a good response, we often recommend maintenance treatment, once a month six months, to stop your symptoms returning.

If DMSO treatment fails to help you, we may need to consider alternative treatments. In certain cases, we may even need to consider replacing your diseased bladder, although this is very unusual.

### Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.





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### How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

#### HARLEY STREET MEDICAL CENTRE

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### Document history

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