

PATIENT INFORMATION

Intravesical instillation of DMSO: procedure-specific information

What is the evidence base for this information?

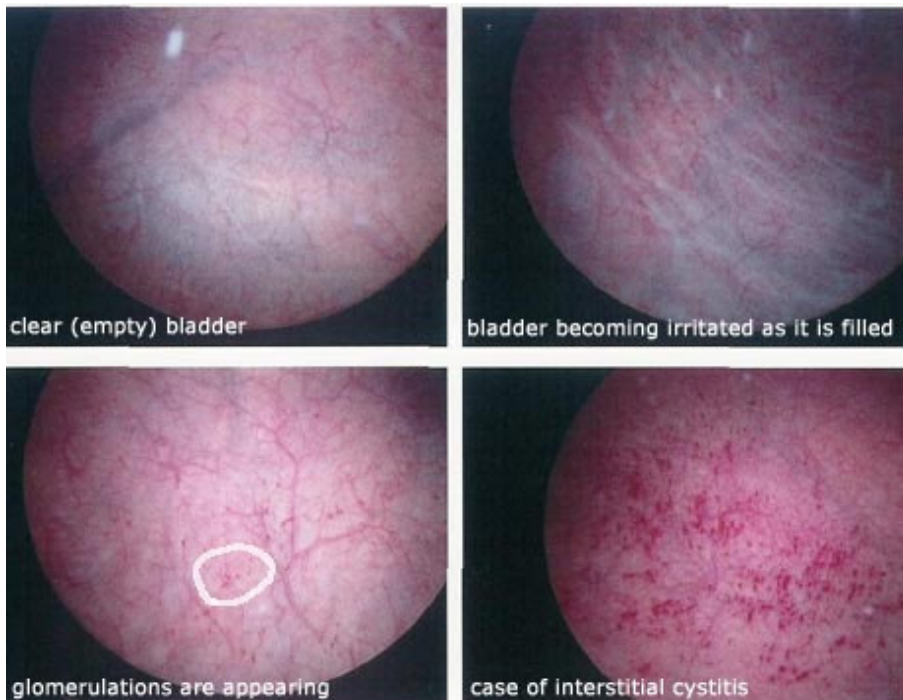
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other 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 Dimethylsulphoxide (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

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 chance of contracting infection during stay at the West Suffolk Hospital (all wards included)

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, 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

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

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.

Is there any research being carried out in this field?

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?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for ‘haematuria clinic’, chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

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.

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

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