



PROCEDURE MANUAL

Dimethyl Sulfoxide (DMSO): Nursing Care of Patient for Bladder Instillation using

This document should be read in conjunction with the [Disclaimer](#)

Admission

- Patient admission is on the day of Instillation, for 2-4 hours.

Equipment

- Catheter Pack, Foley catheter + extra galley pot.
- 60 ml catheter tip syringe and Spigot.
- Lignocaine 1% in 20 ml + 30 ml Normal saline for irrigation – into galley pot
- DMSO +/- Triamcinolone 40 mgs (if prescribed) from Pharmacy (Medications are prescribed on the front of the Medication Chart MR810.05 and stored in the small cupboard next to the S8 medications cupboard).
- PPE *- apron and eye protection.

NOTE: This procedure takes 3 to 4 hours to complete and requires appropriate PPE and ANTT.

Procedure

Step 1

- Admit the patient and give analgesia, as prescribed on Medication Chart MR810.05, ½ an hour before inserting the IDC for the procedure.

Step 2

- Insert IDC and empty bladder. See [Bladder Management](#) guideline. Document details about the IDC lot number and amount of water in the balloon in the patient medical record.
- Instil lignocaine solution into bladder, then spigot the IDC and leave for 30 minutes. Have the patient roll from side - back - side, 10 minutes each, to coat the bladder.
- **There is no need to remove the Lignocaine solution before Instillation of DMSO.**

Step 3

- Using a dressing pack, with an extra galley pot for the DMSO solution, instil DMSO + Triamcinolone (when ordered) into the bladder, then spigot the IDC.
- The patient then lies on each side and her back for up to 15 minutes each, up to a maximum total time of 45 minutes, or until she is no longer able to tolerate the instillation.

- If the process is too painful, reduce the length of time on each side to ensure good coverage in the bladder and remove contents if patient unable to tolerate for the maximum total time.

Step 4

- Withdraw contents of the bladder with catheter tip syringe into a cardboard receptacle, dispose of in the patient toilet and then remove the IDC. Document amount of water removed from balloon and whether catheter tip and balloon are intact, in the patient medical record. Flush toilet twice*. Macerate the cardboard receptacle immediately*.
- The patient is now ready for discharge.

Note: It is normal for the patient to experience frequency, dysuria and muscle spasm during the procedure. The procedure may need to be shortened if the patient is unable to tolerate it for the full time.

Discharge

- Give the patient Ural sachets to take home and provide education.
- Following discharge, the toilet needs to be **2 step cleaned*** by the PCA with detergent followed by Sodium Hypochlorite 0.125% - and be allowed to air dry.





**DMSO has a strong 'Garlic' odour and is a skin irritant- hence the need for wearing of PPE, double toilet flushing and 2 step cleaning with Hypochlorite solution.*

References and resources

Related policies

Related WNHS policies, procedures and guidelines

Bladder Management: IDC insertion

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