



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Dimethyl sulfoxide (DMSO): Nursing care of patient when using for bladder instillation

Scope (Staff): Nursing staff

Scope (Area): Urogynaecology

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 DSMO Protocol for Bladder Instillation (MR 810.08) 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 'DSMO Protocol for Bladder Instillation' (MR 810.08), 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
- The patient should have an out-patient appointment six weeks after their last instillation
- 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





Related WNHS procedures and guidelines

Obstetrics and Gynaecology Clinical Practice Guideline: [Bladder Management](#)

Pharmacy: [WNHS Medication Management Framework](#)

Useful resources (including related forms)

[Dimethyl Sulfoxide \(DMSO\) Protocol for Bladder Instillation MR Form \(MR810.08\)](#)

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Version Number	Date	Summary
1.0	2015	First version
2.0	October 2017	Published in HealthPoint guideline manual
3.0	September 2020	Added requirement to document on the DSMO protocol for bladder instillation (MR 810.08); patient should have outpatient appointment six weeks after their last installation.
4.0	August 2024	Clinical decision by Executive to extend review date by 12 months

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

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