

## Renal Services

# Complications of Peritoneal Dialysis (PD and APD)

### Complications of Peritoneal Dialysis (PD)

This information tells you about the more common complications of dialysis. Dialysis is life support treatment, and although the treatment is much better than it was even a few years ago, there can be problems.

This tells you about complications, how to spot them at an early stage and what we can do to avoid them. This section does not deal with any other problems you may get as a result of other medical conditions. For example if you have diabetes it could have affected your eyes and you should get regular eye check ups.

All complications can be reduced by simple general measures:

- eat well, but keep to your diet
- do not take too much fluid
- take you medication regularly
- don't delay reporting problems to the PD Unit

### Infection inside the Abdomen (Peritonitis)

This is the most serious complication of PD. Because the PD fluid is very sugary, bugs grow inside it very easily. The first sign of peritonitis is usually cloudiness of the PD fluid. If you contact the hospital early, you have a better chance of being treated as an outpatient and limiting the severity of your peritonitis. Some patients experience pain if they have peritonitis but others do not.



## Patient Information

Peritonitis is often caused by contaminating equipment during the exchange process. This risk can be minimised by ensuring that you adhere to the correct process of doing your exchange as you were shown during training and good handwashing if you do contaminate equipment during the procedure then start again or phone the department. .

Peritonitis is treated by giving antibiotics. In some cases, the PD tube has to be removed if the infection is not getting better. Some patients never get peritonitis, a third get it occasionally, and the other third get it more often, and may have to transfer onto long term haemodialysis because of this.

### **Pain doing a PD Exchange**

As fluid drains out of the abdomen and you pour the next bag in, there is sometimes some crampy pain. Most patients on PD do not experience any pain, and only a few have severe pain. Pain can be due to the tube position, and sitting or lying in a different position can reduce pain. Constipation can cause some pain while draining, so you do need to take laxatives regularly.

Strong PD bags (the ones with more sugar in, which remove more fluid) are often a little more painful than the usual "weak" bags. Keeping an eye on your fluid intake may avoid excessive fluid intake and having to use strong bags too often.

### **Poor flows on a PD Exchange**

Normally the fluid should drain out in 10-20 minutes, and the next bag should run through in less than 5 minutes. If it takes longer, this usually means that there is some constipation. Usually you can sort this out yourself, and the fluid will drain if you move into a different position.

### **Constipation**

PD makes nearly everyone constipated. Even though your bowels seem to work each day, the bowel generally may be quite full, and this interferes with the flow of fluid. It is important to eat a healthy diet, and most PD patients need to take regular laxative treatment, even if they've never needed a laxative before.

### **Infection on the exit site**

The Exit Site is where the PD tube comes out of the skin. You can get an infection here, which may be painful or may just be a discharge on the dressing. The infection should be treated in case it causes peritonitis or pain along the line of the catheter. You can help reduce the chances of infection with very careful dressing of the exit site.

### **Fluid overload (swollen ankles, high blood pressure)**

Maintaining the correct level of fluid inside the body is a balance of what goes out and what goes in. If you drink more than the PD removes, you will get overloaded with fluid and get high blood pressure, ankle swelling and breathlessness.

### **Fluid leaks from hernias**

Putting PD fluid inside the abdomen puts extra pressure on the tissues, and sometimes this can cause hernias - which are bulges of tissue. Men in particular can have trouble with hernias appearing in the groin or near the umbilicus (belly button). These usually need surgical repair, and it is very important that we know about any hernia before PD is started.

### **Inadequate Dialysis**

The blood levels of many chemicals are measured at regular intervals, to see if we are giving you enough dialysis. This is because PD only replaces about 10% of what your kidneys would normally do. So if the PD does not work properly, you can get the symptoms of kidney failure, with sickness, itching and loss of appetite.

If you are not getting enough dialysis, the number of exchanges you do each day may need to be increased, the volume of each bag may need to be increased, or in some cases convert to haemodialysis.

### **Further Information**

If you have any queries or concerns please contact the PD Unit on 024 7696 8308

## Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 8308 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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