

Renal Services

Everything I need to know about having a CAPD catheter inserted under general anaesthetic

Introduction

PD stands for **Peritoneal Dialysis**; this is a method of removing waste products and excess water from your blood when your kidneys are no longer able to carry out these functions themselves.

You will have been seen before your admission to hospital by your consultant and the Renal Specialist or **PD** nurses to assess if this treatment was right for you.

This information tells you about what will happen when you come into hospital for insertion of your **PD** catheter.

Why do I need a PD catheter insertion?

PD works by draining a special fluid into the abdomen, the fluid remains inside the abdomen absorbing waste products and excess water. When this fluid has absorbed as much waste as it can, it is drained out of the abdomen and a fresh bag of fluid is then drained in to allow the process to start again.

There is a special membrane that lines the inside of the abdomen called the peritoneum and it is this that is used as a filter system for the waste products in the body to reach the fluid in the abdomen.



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To get the fluid in and out of your abdomen it is necessary to have a soft flexible tube called a catheter inserted into the abdomen. The catheter is left in place for as long as you are having **PD** treatment.

There are two types of peritoneal dialysis:

- **CAPD is continuous ambulatory peritoneal dialysis**; this involves you changing the fluid in your abdomen four times a day, each change taking about 30 minutes.
- **APD** is Automated Peritoneal Dialysis; the fluid in the abdomen is changed by a machine overnight while you sleep. Most people need to be connected to the machine for 10 hours each night.

The suitability of each type of peritoneal dialysis for you will have been discussed when you met with the Renal Specialist or **PD** nurses. However, it is possible to change your type of peritoneal dialysis. Please do not hesitate to discuss this with the Renal Specialist or **PD** nurses.

Before the operation:

You **will attend a pre-op clinic about 7 days before your admission to hospital for bloods, MRSA swabs and a prescription for bowel preparation and decolonisation. You will also be required to attend a separate anaesthetic clinic:** some tests may be done at this time such as a tracing of the heart and a chest x-ray. You will normally be admitted to the **Renal Day Unit (ward 50a)** on the day of your operation. For this operation you will need to be asleep (under a general anaesthetic) so it is important to check your heart and chest before you go to theatre.

You will also:

- Be given a prescription for three laxatives: **lactulose, senna and picolax**. The picolax should be taken the day before your operation in the morning, **then 1 sachet a week until training complete**. Picolax usually has a very strong effect and therefore it is best to ensure that you are at home after you have taken it. The lactulose and senna should be taken on a regular basis 5 days prior to the procedure; **you will continue to take this long-term whilst on PD**. Having an empty bowel makes it easier to insert and place the **PD**

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catheter. If you find the laxative medicine too strong then please contact the **PD** nurses for advice. (Telephone number at the end of this information)

- Be given some anti-bacterial soap to use when showering, **and some nasal ointment to put inside your nose, both to be used for 5 days prior to procedure.**

The PD nurse on duty is available to explain anything you may be unsure about.

The morning of your operation:

The **PD** nurse on duty will see you on the morning of your operation to explain anything you are unsure about.

When you arrive at the hospital and are given a bed you will have a plastic needle placed in the back of your hand so that you can be given an antibiotic drip before the procedure.

The anaesthetist will come to see you before your operation to make sure you are well enough to have an anaesthetic.

Please ask the doctors or nurses if you are unsure about anything or have any concerns with having the operation.

Risks of side effects and complications after an anaesthetic:

The risks of side effects or complications after an anaesthetic depend very much upon how healthy you are. Someone who is young and in good health will have a much lower risk than someone who is older and has other medical conditions such as diabetes or heart disease.

A common side effect of having an anaesthetic is feeling sick and generally unwell for a day or two afterwards. A more uncommon complication is getting a cough or chest infection after an anaesthetic. Heart problems, including a heart attack, are an uncommon complication but the risk increases if you are known to have heart disease. Other complications, including death, are very rare. Your anaesthetist will tell you your level of risk before the operation.

Possible problems after the operation:

During the first few days you may have one or more of these problems:

- Most people have some pain in the abdomen after the operation. Painkillers will be given to help you with this.
- You might vomit; the nurses can give you medication to reduce sickness.
- The bowel inside your abdomen can “go to sleep”, this makes your abdomen swell and you may experience sickness for a day or two. You may be asked to stop eating and be given fluid through a drip.
- Sometimes an infection can develop where the surgeon has made a cut or where the tube comes out through the skin. This is treated with antibiotics.
- Occasionally there can be an infection inside the abdomen (peritonitis). This is treated with antibiotics.

If you have a history of heart problems or complications after other operations please tell the doctor when you are admitted to hospital.

The day of the operation:

You should have a shower in the morning and remove all hair clips and jewellery. Eye glasses and dentures can be taken down to the theatre. You may keep your wedding ring on and this will be taped in place before you go to theatre.

- You will need **to stop** eating and drinking for **six hours before** going to theatre, this is to prevent you being sick during the operation. The nurses will tell you when to be “nil by mouth”.
- An intravenous infusion of antibiotics will be started before you go to theatre
- When you arrive at the hospital the nurses should be able to give you an approximate time that you will go to theatre. However, if there are any emergencies or unexpected events it is possible that the operation will be cancelled or delayed. This happens rarely but if it does your operation will be rebooked as soon as possible.

The operation:

You will be taken to theatre on your bed; during the operation a small cut is made (about three inches long) near the tummy button. The **PD** catheter is passed through this cut into the abdomen; the other end of the catheter is burrowed under the skin and comes out on one side of the abdomen. The surgeon will attach a bag of fluid to the catheter and drain fluid in and out of the abdomen to make sure the catheter is working. When the surgeon is happy that the catheter is working properly the cut will be closed using stitches, staples or special glue. The surgeon will decide what to use to give you the neatest scar.

Immediately after the operation you will be moved to a recovery area in the theatre department while you wake up from the anaesthetic. When the recovery nurse and anaesthetist are happy they will bring you back to the ward area.

The operation usually takes about an hour although you will be away from the ward for longer than this.

After the operation:

When the operation is over and you are back on the ward you will have your blood pressure, pulse and wound checked regularly by the nurses. The **PD** nurses will start to drain fluid in and out of the abdomen to flush out any blood and keep the catheter clear.

You may feel some discomfort around the site of the operation or in the abdomen, please let the nurses know and they will give you painkillers.

Will the catheter work?

For the operation to be fully successful fluid must be able to run in and out of the catheter. Unfortunately, in some cases the catheter can move after the operation or get caught up in a loop of bowel and the fluid does not run properly. This can be treated successfully by emptying the bowel using laxatives. In about one in five cases the tube will need to be repositioned with another operation.

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When can I go home?

Most people can go home the same day as the operation providing they are eating and drinking normally, have moved their bowels and passed urine.

The **PD** nurses will give you a date to come back to have your wound checked; usually seven days after the operation and the catheter will be flushed weekly prior to training. Please do not leave the hospital until the **PD** nurses have spoken to you.

You will be sent home with laxative medicine. It is important to take this regularly to help prevent the catheter being dislodged inside you. Having a bowel movement two or three times a day is normal at this stage. If you are concerned that the laxatives are too strong for you please telephone the **PD** nurses for advice.

You will be asked not to bath or shower until your wounds have healed fully, this usually takes about two weeks maybe more if you are diabetic. The **PD** nurses will let you know when it is safe to shower.

You are advised not to drive or do any strenuous activity for six weeks after the operation. Driving too soon after an abdominal operation may affect your car insurance.

If you need any further information or have any concerns please contact the telephone numbers below:

Helplines

CAPD nurses: 024 76 968308

(7.30am – 8:00pm Monday – Friday and 07:30am-15:30pm
Saturday/Sunday)

Ward 50: 024 76 968257 / 8

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 8257 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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