

Renal Services

Everything I need to know about having a PD catheter inserted under local anaesthetic

Introduction

This information leaflet will explain what happens when you come into hospital for insertion of your PD catheter.

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

What is Peritoneal Dialysis?

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 run 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.

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



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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 which type of peritoneal dialysis is best for you will have been discussed when you met with the PD nurses however; it is possible to change your type of peritoneal dialysis. Please do not hesitate to discuss this with the PD nurses.

Before the procedure:

- You may have been asked to attend a Pre-op clinic about 7 days before your admission to hospital, please bring a list of your current medications with you. At this visit you can expect to have a blood test and routine screening to make sure you are not a carrier of MRSA; don't worry if you are a carrier as it is fairly easy to treat by using a special soap.
- You will be given a prescription for three types of laxatives; **lactulose, Senna and Picolax**. Lactulose and Senna are to be commenced 5 days before insertion as prescribed and you will continue to take this long-term. Picolax is to be taken 1 day before insertion, then once weekly until you have PD training in the unit. Having an empty bowel makes insertion and placement of the PD catheter much easier. If you find the laxative medicine too strong then please contact the PD nurses for advice.
- You will also be given some anti-bacterial soap to use when showering and a nasal ointment, you should start using both 5 days prior to insertion.

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

The day before the procedure:

You will have been given a packet of laxative called **picolax**; this can be strong acting so it is best to take it in the morning.

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The day of the procedure:

You should have a shower in the morning, either before or after having an early (6am) light breakfast; tea and toast is ideal. This is to help prevent you feeling sick during the procedure.

You should aim to arrive at the hospital for 8am; please come straight to Ward 50a, Renal Day Unit located on the 5th floor east wing.

On admission you will be asked to change into a hospital gown, you can keep your underwear on.

A needle will be placed into the back of your hand so that an antibiotic drip can be given; this is to help prevent infection developing after the procedure.

A PD nurse will confirm with you which side of your abdomen you would like your catheter to be placed and the skin will be marked prior to the procedure.

The doctor performing the procedure will come to talk to you, and will answer any questions you might have and ask you to sign a consent form.

The procedure:

Immediately before the procedure begins you will be asked to go to the toilet to make sure your bladder is empty, you will then be taken to a clean treatment area on ward 50. A monitor to record your pulse rate will be attached to your finger.

During the procedure a local anaesthetic is injected into the abdominal tissues and the area will become numb, if you feel any pain let the doctor or nurse know and more anaesthetic can be given. A small cut is made (about an inch 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. You may be asked to tense your tummy and to cough a few times, this helps with the catheter placement; the doctor will explain what you need to do and let you practice before the procedure begins. A bag of fluid will be

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attached to the catheter and fluid will be drained in and out of the abdomen to make sure the catheter is working. When the team are happy that the catheter is working properly the cut will be closed using one or two stitches.

Sterile dressings will be placed over the stitches and over the point where the catheter comes out, this is called the exit site.

When the procedure is completed you will be returned to the renal day unit area on ward 50. This procedure usually takes about half an hour.

Complications during the procedure:

The procedure may be uncomfortable but should not be painful; if you feel any pain let the doctor or nurse know and more anaesthetic can be given.

It is not uncommon for there to be some bruising on the tummy or some bleeding into the fluid. This usually settles on its own.

Sometimes insertion of the catheter under local anaesthetic fails for technical reasons, (around 1 in 30 attempted insertions fail). If this happens the procedure is stopped and other methods of inserting the catheter can be discussed and arranged before you go home.

Very occasionally during the course of the procedure the bowel is perforated (pierced with a hole). This occurs less often than 1 in 100 insertions. The perforated area may heal without intervention or you may need an operation to repair the perforation.

The doctor will explain and discuss these complications with you before the procedure and before you sign the consent form.

After the procedure:

When the procedure is complete the PD nurses will continue to drain fluid in and out of the abdomen if needed, this is to flush out any blood and keep the catheter clear. Most of the time there is little or no bleeding and the catheter can be sealed off immediately after the procedure.

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

Once you are back in the day unit you can have a drink and a light meal. You will be able to walk to the bathroom and around the ward area after a couple of hours.

Possible problems

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

- You may have some discomfort in the abdomen after the operation. Painkillers will be given to help you with this.
- Sometimes an infection can develop where the doctor has made a cut or where the tube comes out through the skin. This is treated with antibiotics.
- There can be an infection inside the abdomen (peritonitis). This is treated with antibiotics.
- Bleeding from the exit site or where the abdomen has been stitched can occur. This usually stops on its own; if it doesn't stop or you are worried please contact the CAPD nurses for advice.

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 become caught in a loop of bowel causing the fluid not to 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. This is normally done under a general anaesthetic.

When can I go home?

Most people can go home 6 hours after the procedure providing they are eating and drinking normally and have passed urine.

The PD nurses will give you a date to come back to have the catheter flushed and your wound checked, usually five to seven days after the

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operation. Please do not leave the hospital until the PD nurses have spoken to you.

You will be sent home with a laxative medicine. It is important to take this regularly to help prevent the catheter being lodged 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 fully healed, this usually takes about two weeks. 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 two to three weeks after the operation

Contact numbers

PD Nurses: 02476 968308

(7.30am to 8.00pm Monday – Friday and 07:30am – 15:30pm Saturday/Sunday.)

Ward 50: 02476 968257/8

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.

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