

Process for arranging post-transplant ureteric stent removal and PD catheter removal

Ureteric stent removal

1. Stent removal to take place 6 weeks post-transplant unless clinically contraindicated.
2. Email Jo Kenny/Ke Song at SGH admissions as soon as possible after the transplant with the date required for the stent removal. They will allocate a provisional date to be confirmed when the patient returns to the St George Acute Transplant Clinic.
3. When the patient returns to the Acute Transplant Clinic ask them to fill out pages 7-14 of the RFA booklet. Completed booklets are returned to Jo Kenny at the SGH admission department.
4. MSU in the week prior to the procedure. If no resistant organisms are present, then for antibiotic prophylaxis as below. If there are resistant organisms discuss with the acute transplant nephrologist to plan treatment.
5. Antibiotic prophylaxis:
 - The preference would be for a stat dose of IV gentamicin to be given directly before the procedure, but this is not logistically possible if the patient is an outpatient.
 - Alternatively, Keflex 500mg BD for three days starting the day before the procedure and finishing the day after.
6. The patient will be contacted by the urology team the day before the procedure to confirm the time they are to present to the day surgery unit. They are often scheduled first on a urology list to avoid the need for fasting.
7. Follow up acute transplant clinic.

PD catheter removal at the same time as ureteric stent removal

1. Prior to removal of PD catheter nephrologist should assess the patient's renal function as stable.
2. Where clinically appropriate PD catheter to be removed at the same time as ureteric stent
3. Patient to be referred to Lou Lemech, vascular surgeon for pre-procedure assessment and consent.
4. Patient to be listed on a vascular list, RFA to be completed by Dr Lemech.
5. Dr Lemech to negotiate with urology team for the removal of ureteric stent during the procedure
6. If fasting is required patient should be admitted to SGH the day prior for hydration
7. Antibiotic prophylaxis:
 - The preference would be for a stat dose of IV gentamicin to be given directly before the procedure, but this is not logistically possible if the patient is an outpatient.
 - Alternatively, Keflex 500mg BD for three days starting the day before the procedure and finishing the day after.
8. Follow up acute transplant clinic

PD Catheter Removal single procedure

1. Prior to removal of PD catheter nephrologist should assess the patient's renal function as stable.
2. Patient to be referred to Lou Lemech, vascular surgeon for pre-procedure assessment and consent.
3. Patient to be listed on a vascular list, RFA to be completed by Dr Lemech.
4. If fasting is required patient should be admitted to SGH the day prior for hydration
5. Antibiotic prophylaxis:
 - The preference would be for a stat dose of IV gentamicin to be given directly before the procedure, but this is not logistically possible if the patient is an outpatient.
 - Alternatively, Keflex 500mg BD for three days starting the day before the procedure and finishing the day after.
6. Follow up acute transplant clinic