



St. George Hospital

Peritoneal Dialysis Unit Newsletter

ISSUE 5

WINTER 2012

DID YOU KNOW?

You have to inform your kidney doctor and PD nurses of any medical procedures you will undergo.

Why?

Your kidney doctor and PD nurses can:

1. Advise you on the procedure and its effect on your PD.
2. Advise you on how your PD will affect the procedure.
3. Advise you on what to do and not to do with your PD before the procedure.
4. Review and visit you if you are admitted in St. George Hospital.
5. Ensure you are getting the correct dialysis during your hospital admission.
6. Monitor and modify your PD as needed, during your admission in St. George Hospital.

“Change is constant”—Heraclitus

Our aim is to keep you updated on the changes in the PD unit for the past 6 months.

1. We said goodbye to Pauline as she ventures on to a new career. We welcome Lily, Vicki, Sanny and Mel to our PD team. These nurses bring a wealth of nursing experience and skills to the unit.
2. We are very proud to announce that the PD unit was nominated for a nursing excellence in teamwork award.
3. Most of your nephrologists' clinic times have been modified due to clinic room availability. Please contact us if you have any questions.

Remember to keep well this winter by continuing your PD catheter care as usual and keeping up to date with your vaccinations.

Thank you for looking after yourselves really well and for contributing ideas to the newsletter. Keep up the good work!

All the best,

Claire, Maria, Lily, Vicki, Sanny & Mel

Frequently Asked Question:

How do I avoid constipation?

Answer: Easy... Stay active by doing short walks, ask your doctor for advice on laxatives and contact your dietitian for advice on food to help regulate your bowels.

IMPORTANT

Once your APD machine is replaced by Baxter, please inform the PD nurses as soon as possible.

*****We need to give you a new procard and inform you of the changes on the new APD machine.**



CONTACT US

9113 3770

7:30AM—4:00PM

Survey Results

The results of the 2 surveys last year were enlightening as we learnt so many things from your responses:

PD catheter and exit site care

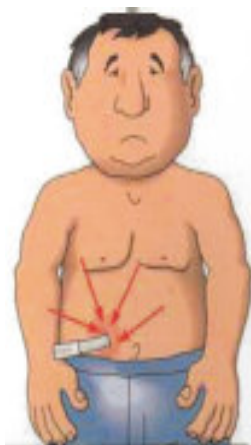
1. Some of you use paper towel or cotton buds to dry your exit site after washing or showering. The survey proved this group is at more risk of having exit site infections. **It is ideal to use the white gauze squares to dry your PD catheter exit site thoroughly.**
2. The survey showed that the group of patients who bathe daily or weekly are at risk of having an exit site infection. **In lieu of bathing, we recommend daily showers & daily dressing changes.**

Patient satisfaction

1. Given the wonderful feedback we received from all of you, we will continue to send you this PD newsletter twice a year.
2. As most of you are motivated and open to learning new things, we will continue to invite you to group education and support sessions every year.

Expect to receive these surveys every 2 years as we try to keep our services in line with your needs.

Know Your Symptoms



PD Catheter Exit site Infection is a skin infection at the site where your PD catheter exits your body. An exit site infection is easily treated with antibiotic cream and tablets. If left untreated, this infection can lead to more serious complications such as a tunnel infection and/or peritonitis which may require the removal of your PD catheter. The **signs and symptoms** of an exit site infection are: redness, swelling, soreness, pus or crusting around the exit site. If you notice or experience any of these symptoms, please contact the PD nurses. You will need to visit us for assessment and treatment. The best way to avoid this infection is to keep your exit site clean and dry with daily showering and dressing change. And you must also wash your hands before touching your exit site. Any skin irritation around the exit site must also be reported to your nephrologist and PD nurses for review.

Remember the **2 Rs**: If it is **RED**, you must **REPORT** to the PD nurses!

Peritonitis is an infection in the peritoneum which is the lining of your abdomen. This is a very serious infection and can make you very unwell. This infection is treated in the hospital with antibiotics for up to 3 weeks. If left untreated, peritonitis may lead to more serious life-threatening complications and/or the need to convert to haemodialysis. The **signs and symptoms** are: cloudy drain fluid, abdominal pain, fever and nausea/vomiting/diarrhoea. Once you notice or experience cloudy drain fluid, contact the PD nurses as you will need assessment and immediate treatment. The best way to avoid peritonitis is to wash your hands thoroughly with antibacterial soap before dialysis connection and disconnection. It is also ideal to connect and disconnect yourself from dialysis in a well-lit room when you are fully awake. The most common source of peritonitis is contamination of the lines and PD catheter on connection or disconnection. If contamination occurs, stop your dialysis and inform the PD nurses or 4 South (after hours) urgently.



Remember the **2 Cs**: If it is **CLOUDY**, you must **CALL** the PD nurses!

Blocked or Poor Flow from your PD Catheter is when your PD catheter is taking a lot longer than usual to fill or drain the PD fluid. The **signs and symptoms** are: frequent "LOW DRAIN VOLUME" or "LOW FILL VOLUME" alarms on the machine or a longer drain time (over 30 minutes) on a CAPD exchange. There are external and internal reasons that can cause poor flow or blockage. External reasons are often due to kinks on dialysis lines and/or unopened clamps or valves, which are easily resolved. The most common internal reason is constipation, which may lead to displacement of the PD catheter if not resolved quickly. Blocked or poorly flowing catheter is a dangerous symptom which can lead to serious health problems so it is important to be addressed urgently with the help of the PD nurses and nephrologist.

Remember the **2 Ss**: If it is **SLOW**, you must **SHOW** yourself in the PD unit!

Preparing meals for people on PD made simple. When you are on PD, you have special dietary requirements to help keep you well. While it is important to keep your diet healthy and high in protein, do not forget to control the salt, phosphate and fluids. This new cookbook, "*Dining in: Delicious Dialysis Recipes and Meals*" will show you recipes and practice tips to enjoy eating while on a dialysis program. This book was put together by a group of renal unit dietitians in NSW, including myself. It consists of more than 50 recipes modified from the all time favourites. To purchase a copy (\$15.00) please contact Renal Resource Centre (02) 9462 9455 or visit the website: www.renalresource.com. Hope you find that useful and enjoy it.- Maria Chan

