

**MANAGEMENT OF THE PATIENT REQUIRING PERITONEAL DIALYSIS
CATHETER INSERTION in St George Public Operating Theatres**

Education and assessment is vital to the outcome of the peritoneal dialysis training program. All patients should be referred to the Predialysis Clinic when creat is >300 and $GFR < 30 \text{ml/min}$. Prior to PD catheter insertion the patient will undergo a comprehensive assessment from the PD nurses. Any issues in relation to the comprehension of peritoneal dialysis or in the ability to perform peritoneal dialysis for any reason will be identified and addressed where possible to ensure the best treatment outcomes.

Pre op

Patients requiring insertion of a peritoneal dialysis catheter are usually admitted through the Day Surgery Unit.

The PD nurses must be informed of admission and they will meet with the patient.

Pathology

- Serology must have been attended within the last 3 months
- Full blood count
- UECs
- Clotting studies if indicated
- MRSA swabs (routine treatment of all patients. Positive patients to be treated with nasal mupiricin ointment)

Bowel Preparation:

Aim: To ensure the patient is not constipated. Use oral laxatives such as coloxyl and senna if needed.

Pre Op shower:

Use an antiseptic body wash commencing 48 hours pre op.

Post op

- Vital signs hourly for a minimum of 4 hours or until stable
- Adequate pain relief

St George Hospital: INTERNAL ONLY

- Nil by mouth until bowel sounds present
- The PD catheter will be flushed with one litre of Dianeal to assess patency in OT. Further exchanges will be required in PACU or on return to ward if fluid is heavily blood stained. Exchanges (*see procedure for post insertion flushes*) will continue until the fluid is lightly blood stained or clear.
- When effluent is clear the catheter will be locked with 5000 units in 5ml heparin (2 ml) made up to 10ml with normal saline. (*see procedure*)
- Ideally the catheter should be rested for 14 days before training commences. If IPD is indicated an exchange volume of 1000-1500 ml should be initiated to determine any leakage or excessive discomfort. Patients will require admission to renal ward for IPD. CAPD should not commence for 14 days post insertion.
- **Patient is not to shower after catheter insertion. Showering can commence when exit is classified as good or perfect by PD Unit staff (approx 2 weeks).**
- The exit site dressing is changed after 7 days and then remains intact for another week (see exit site care). Reinforcement may be indicated. The laparotomy wound dressing can be taken down 48 hours after OT and left exposed.

Discharge

- Plan to discharge as early as possible.
- A follow up booking must be made with Peritoneal Dialysis Unit:

Usual follow up in the PD Unit:

One week from insertion - catheter flush and dressing

Two weeks from insertion - catheter flush and dressing

Following Monday - training

(This will be organised by the PD nurse)

- On discharge a copy of the discharge summary should be faxed to Peritoneal Dialysis Unit.