INDICATIONS

The peritoneal catheter is indicated for acute and chronic dialysis, and for long-term maintenance dialysis.

CONTRAINdications

Uncontrolled sepsis.

Infection of the catheter and its associated components.

The patient is not cooperative or is otherwise unsuitable for catheterization.

POTENTIAL EARLY COMPLICATIONS

Bleeding

Obstruction of the drainage pathway

Diffuse peritonitis

Peritonitis

Subcutaneous abscess

POTENTIAL LATE COMPLICATIONS

Exit site infection

Tunnel infection

Obstruction of peritoneum

Dialysate leak

Peritonitis

Septicaemia

Intravenous pressure or pain

Organogram

Gastrointestinal

Allergic reaction

WARRINGS AND PRECAUTIONS

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.

The patient should be informed in advance of the procedure in writing of the potential risks and complications associated with it.
Tunnel Infection – No Peritonitis

If the tunnel is infected, but there is no peritonitis, fill the abdomen with 500 cc dialysate containing an appropriate antibiotic before catheter removal. Systemic therapy may also be indicated. During removal, avoid the area of the deep cuff and subcutaneous sinus tract.

Close the peritoneum, mobilize the deep cuff and subcutaneous sinus tract and saw a Penrose drain to the catheter. Remove the subcutaneous cuff and excess catheter. After the catheter is freed, pull the catheter and drain through the remnant of the sinus tract, leaving the drain protruding from both incisions. Irrigate both wounds with antibiotic and partially close them. Over the next few days, pull the drain gradually out the exit site as the tissue inflammation subsides.

Tunnel Infection – Peritonitis

Peritonitis related to a peritoneal dialysis catheter can be a serious problem. Therefore, it should be treated aggressively. In some cases, the catheter should be removed immediately and the patient treated with intravenous antibiotics. Other patients respond to intraperitoneal antibiotics and the catheter need not be removed. Treatment should be individualized and is at the physician’s direction.

NOTE: An option is to allow the incisions to heal by secondary intention.

REFERENCES

ADDITIONAL READING MATERIAL