

Post operative care of the PD catheter following implantation

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Know your position



How Nurses can ensure successful PD Access

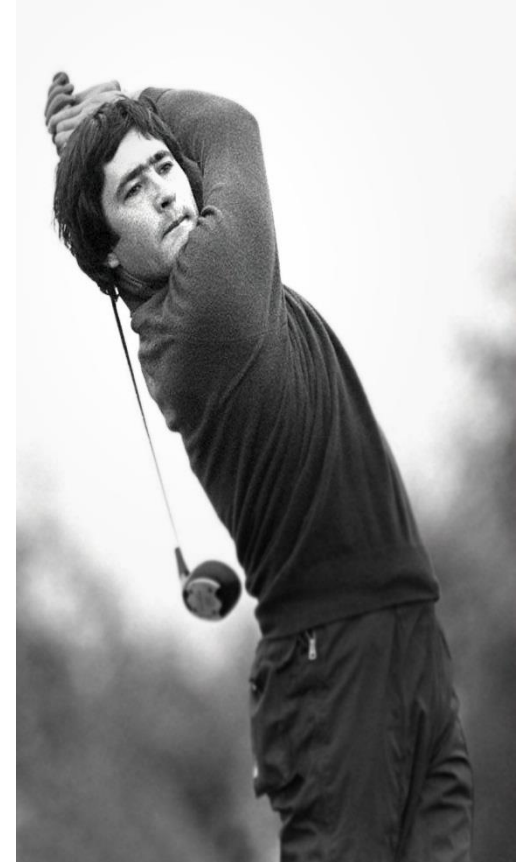
- **Ensure trained PD Nurses are involved at every point in the process**
- **We are just as vital pre-op as we are post operatively**
- **Getting involved too late results in Access complications**
- **The relationship begins long before the patient has a catheter**
 - **Education**
 - **Assessment**
 - **Informed decision making**
 - **Support**

ADEQUATE Pre operative patient preparation is KEY

- **A dedicated access team**
- **Planned access where possible including education**
- **Methodical abdominal assessment , bacterial screening and antimicrobial prophylaxis**
- **Adequate bowel preparation and bladder ultra sound**
- **Selection of appropriate size of PD catheter**
- **Pre marking of exit site (in a sitting position)**
- **Appropriate anti microbial skin preparation and prophylactic iv antibiotic**

ISPD guidelines 2010

Know your patient



Finding the optimum exit site location

Patients with belt lines BELOW umbilicus



FIG. 2
Patients with belt lines below the umbilicus may require a Tenckhoff-style catheter that produces a laterally directed exit site above the belt.



FIG. 5
An extended catheter for upper abdominal exit site may be useful for patients with obesity or floppy skin folds or per patient preference.²

Illustrations courtesy of John Crabtree, MD

Patients with belt lines ABOVE umbilicus



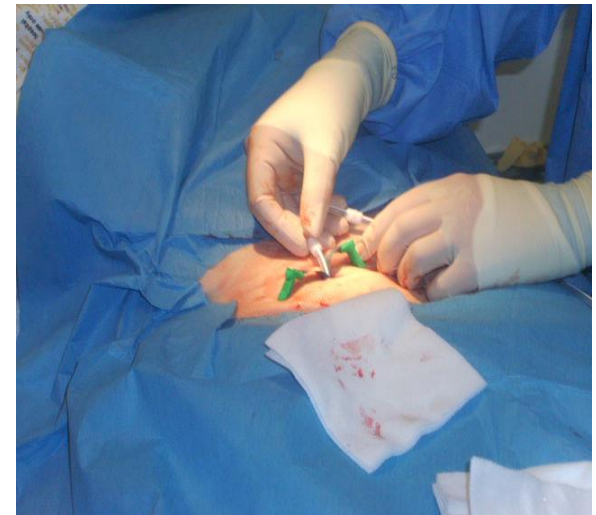
FIG. 3
Patients with belt lines above the level of the umbilicus may require a catheter that is bent or manufactured with a preformed bend that results in a downwardly directed exit site.

Mark exit site pre insertion



“ Each member of the access team should understand the need for attention to detail in the reduction of complications “

ISPD Guidelines 2010



A dedicated teams experience with a specific catheter results in better catheter survival

S.M HAGEN ET AL 2014

Early catheter care - looking after that lifeline

Hand Washing

Appropriate dressing and immobilisation

Do not disturb

Act on suspicion of infection / trauma

Keep it dry

Laxatives

Patency

Consider prophylactic topical ointment once healed

Consider facemask in patients with persistent coughs

Education, education, education – verbal and written

Get personal



Protect exit site so it can epithelialize

- To protect the exit site where the catheter comes out of the body, it should always be protected by a dressing.
- This prevents clothes rubbing, and infections getting in.
- Differing protocols / ? prophylactic ABx cream at site.
- Swimming – Differing protocols.
Complete occlusive cover.

Styles of teaching important

-Visual

1. Information in diagrams, graphs, colourful brochures
2. Use different spatial arrangements and fonts) on a page
3. Draw pictures to show ideas
4. Gestures when speaking
5. Large font -14 point

VARK Learning style ISPD Teaching Guidelines 2015

Use VISUAL PROMPTS

Wash hands
for 2 minutes



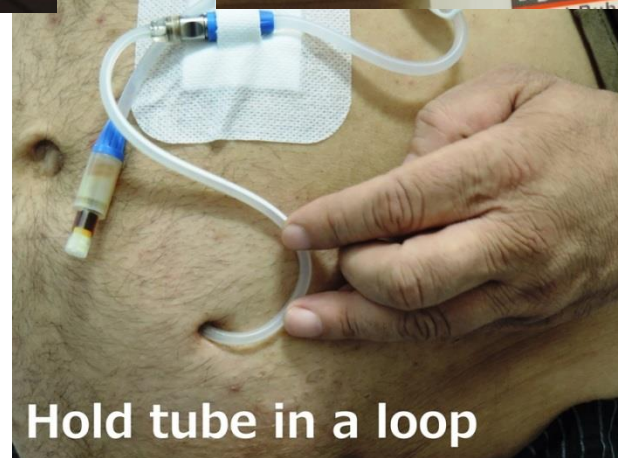
Apply
alcohol
handrub



Apply Gentamicin cream from tip
of cotton bud. Wipe away excess.



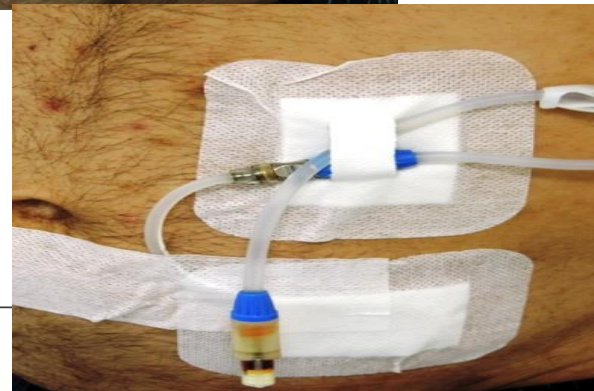
Hold tube in a loop



Apply a clean dressing



Secure with Me-fix tape



Correct dressing provide a photo



Post op advice sheet

Do:

- expect some oozing of blood or fluid to seep through the dressing. If this happens, put a new dressing on top of the old dressing using the extra pads we gave you. You need to get help straight away if you cannot control the leaking from the exit site.
- Go to the clinic/ward or your nearest Emergency Department (ED/A&E) immediately.
- keep your appointments with the clinic – these are usually weekly, until you are established on PD
- take your prescribed laxatives – if you have constipation, your tube will not work
- take painkillers as advised, if you need to – the exit site will be tender for a while after your operation.

Post –op advice sheet

Do not:

- **have a bath** - dirty bath water puts you at risk of infection in the area where the catheter leaves your tummy (exit site)
- **have a shower until the exit site has healed** - the PD nurses will tell you when you can do this (usually after three - four weeks)
- **take off your exit site dressing while the area is healing** - this increases your risk of an exit site infection and slows down how quickly the skin holding the catheter in place heals
- **let anyone, other than trained PD staff, take off your dressing, unless it is an emergency.**

Continued.....

- This includes non-PD hospital doctors, GPs (home doctors), nurses and members of your family
- **lift anything heavier than a small bag of groceries for six weeks** - lifting heavy objects increases the pressure in your peritoneum
- **drive for one week** - driving puts pressure on your abdomen.

Flush weekly

- **Flush weekly for 3 weeks**
- **Catheters can be used on day 0**

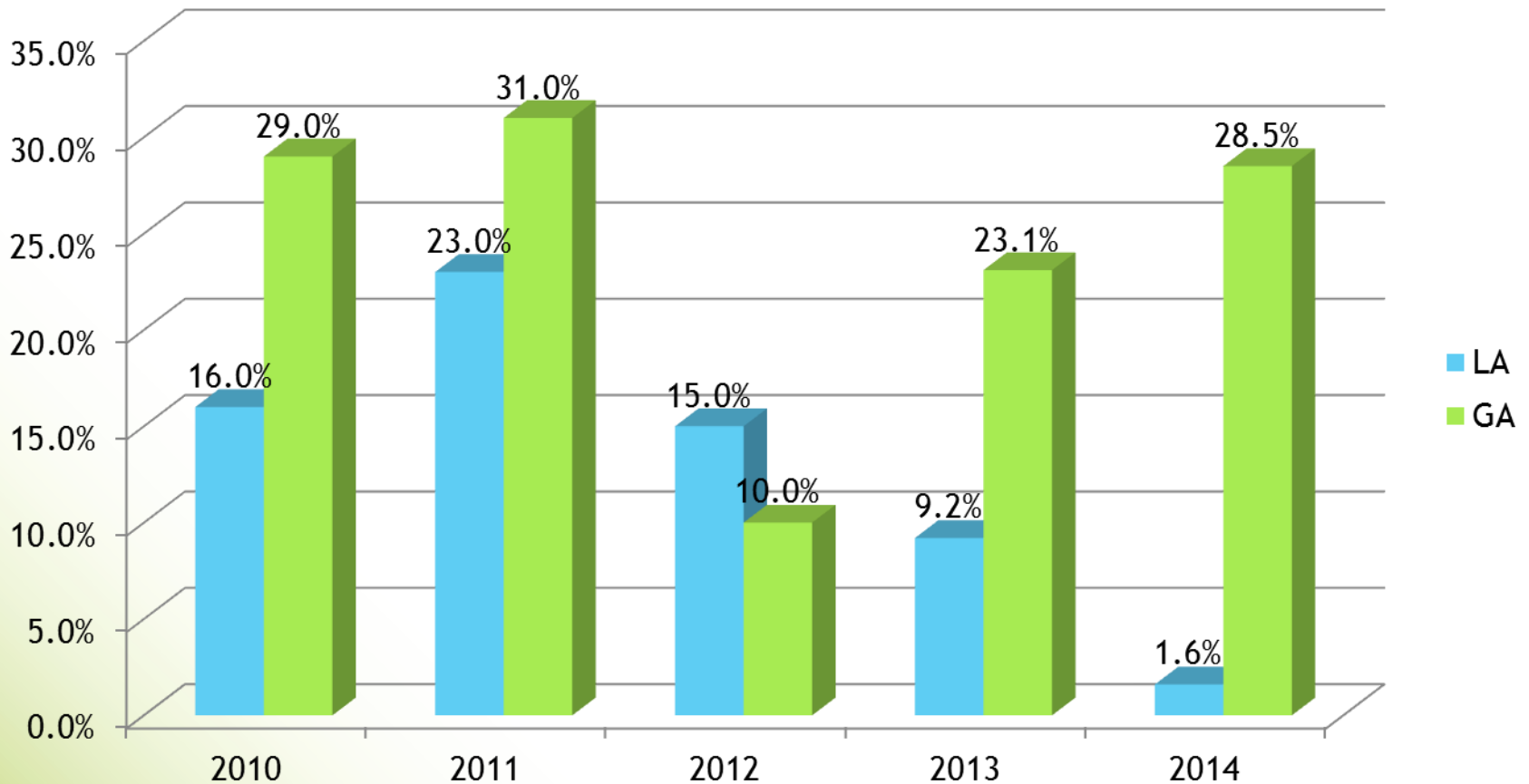
The ability to remove , manipulate ad re-implant PD catheters is key to a successful PD Access service

UK Renal Association Guidelines 2009

Nurse Led LA PD catheter service at King's allows us to respond immediately to complications in PD Access.

Audit Informs Practice

1st Timers' Failure Rates at 3 Weeks





1. **A. Figueirido et al. *A SYLLABUS FOR TEACHING PERITONEAL DIALYSIS TO PATIENTS AND CAREGIVERS***
Peritoneal Dialysis International 25, 2016.
doi:10.3747/pdi.2015.00277
2. **S M. Hagen et Al (2014) a Systematic review and meta-analysis of the influence of peritoneal dialysis catheter type on complication rate and catheter survival. *Kidney International* (2014) 85,920-932**
3. **A. Figueirido et al. *Clinical Practice Guidelines for Peritoneal Access* (2010) *Peritoneal Dialysis International*, Vol.30 ,pp.424-429**
4. **M. Wilkie et al .Renal Association Clinical Peritoneal Access Clinical Practice Guidelines 2009**
www.renal.org/guidelines/modules/peritoneal-access