

Having a tube in your abdomen (long term) to drain recurring fluid collection (tunnelled indwelling peritoneal catheter)

Department of Radiology

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Information for Patients

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Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your examination. Please read it carefully as it has important information and instructions.

This leaflet is about having a procedure to put a small tube into your tummy. It is called **insertion of a tunnelled indwelling peritoneal catheter**. In the rest of this leaflet we will call it a 'peritoneal catheter'.

What is a tunnelled indwelling peritoneal catheter?

An peritoneal catheter is a specially made soft flexible tube. It is the size of a pencil. The catheter is put under your skin and into your tummy (abdomen).

- Tunnelled - means is put in though a small tunnel made under your skin.
- Indwelling – means the catheter stays in your body. It is made to stay in place over a long time. How long you will have the peritoneal catheter will depend on your personal circumstances.
- There is a valve on the outer end of the peritoneal catheter to stop fluid leaking out it.

Why do I need this procedure?

If you have fluid in your abdomen it may cause increasing discomfort, swelling or pain.

This procedure avoids the need for repeated hospital admissions, injections and tubes every time the fluid needs to be drained. This helps to support or improve your quality of life. Draining out the fluid can be done either by you, your carer or by a district nurse - whichever is easier for you.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How do I get ready for the procedure?

- **Do not eat for 6 hours** before the procedure. After this, drink only water until 2 hours before the procedure.
- **Do not drink for 2 hours** before the procedure.

Can I take my usual medicines?

If you are on medication from your doctor please continue to take it as normal, except for medication that thins the blood.

If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number is on your appointment letter. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

You may have already been given instructions on blood thinners by the doctor who referred your for this procedure. Please still call the radiology department so we can check this.

Information for patients with diabetes

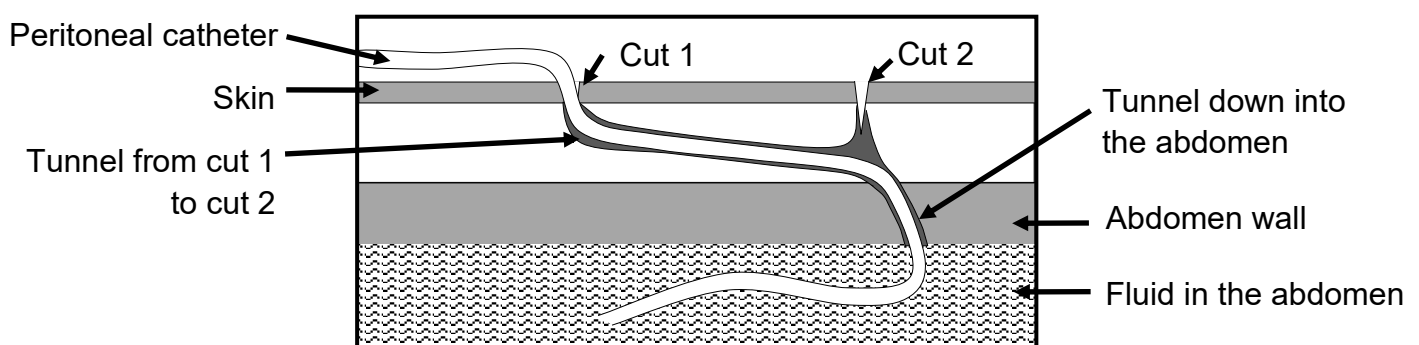
- If you have diabetes please contact your normal diabetes care provider as soon as you get this appointment. This is to talk about any changes to your diet or medication.
- If you have diabetes you should have been given a morning appointment. If you have not, please contact the Radiology Department. It may be that we are not aware that you are diabetic.
- **Bring your medication with you to the hospital.**
- When you arrive in the hospital please tell the doctor who is doing the procedure that you have diabetes.

Who will be doing my procedure?

- A doctor who specialises in imaging and X-ray treatments (an interventional radiologist) will do the procedure.
- There will also be a nurse and a radiographer in the room.
- There may also be a healthcare assistant in the room.
- As we are a teaching hospital a student may also be in the room. If you do not want this, you can ask that a student is not in the room when you have your procedure.

What happens during the procedure?

- You will be shown to a cubicle, asked to take off some of your clothes and put on a hospital gown.
- The peritoneal catheter will be inserted in the Radiology Department in an ultrasound room.
- You will be asked to lie down on the ultrasound scanning table. The radiologist will decide on the best position for you to lie down for the procedure. It is important that you stay very still in this position until the procedure is over. If you are uncomfortable please tell the radiologist.
- Everything will be kept clean (sterile). We will clean the skin on your tummy with antiseptic. You will have some of your body covered with sterile sheets.
- We use an ultrasound machine to decide on the best place to insert your peritoneal catheter. The radiologist will look at the scan pictures while doing the procedure. This is to make sure that the peritoneal catheter is put in a good position.
- We numb your skin and deeper tissues with local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this soon wears off. The skin and deeper tissues should then feel numb. If the procedure does become uncomfortable you should tell the member of staff who will be with you throughout the procedure.
- The doctor will make 2 small cuts in your skin where it had the local anaesthetic.
- The doctor will gently open a small tunnel under the skin from cut 1 to cut 2. You may feel some pressure and tugging.
- The doctor will gently open another tunnel from cut 2 down to the fluid.
- The peritoneal catheter will then be put through the tunnels into the fluid.
- This picture shows you how the catheter goes through the tunnels and into your abdomen.



- The first part of the procedure when the equipment is being prepared may seem to take a long time, but this is normal.
- When your peritoneal catheter is in the right place, we will put 1 or 2 stitches in close to the skin cut. Another stitch is put in to keep the peritoneal catheter in securely.
- We will put a dressing on the wound.
- We will connect the peritoneal catheter to a bag or drainage bottle for the fluid in your abdomen to drain into.

Will it hurt?

You may feel some pain or discomfort. When the local anaesthetic is injected it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb.

Later you may be aware of a pushing sensation as the peritoneal catheter is put in. This is generally done quickly so that it does not cause much discomfort.

If the procedure does become painful you should tell the person doing the procedure. They may be able to give you some more local anaesthetic.

What happens after the procedure?

- You will be taken back to your ward or hospice.
- Nurses will carry out routine checks, such as taking your pulse and blood pressure. This is to make sure that there are no problems.
- The local anaesthetic starts to wear off in 2 to 3 hours. If you still have pain you can have your usual mild painkiller. If the pain and discomfort gets worse contact your GP or district nurse.
- You will have either a bag or drainage bottle attached to your peritoneal catheter when fluid is being drained.
- Nursing staff will show you or your carer how to drain the fluid from your tummy so that you can do it when you need to. If needed, arrangements can be made for the district nurse to drain the fluid when you are at home.
- You will be given:
 - information about how to care for your peritoneal catheter and drainage bag.
 - a letter for your district nurse.
 - some spare drainage bags.

You will not be sent home until we think it is safe to do so. If you have any questions please ask the ward staff or, after discharge, your district nurse or GP.

Do not drive yourself home after the procedure. You should have somebody stay with you for the next 24 hours.

What happens after I go home?

The district nurse will visit you the next day to see how you are and drain the fluid if needed. They can support you or your carer to learn to drain the fluid.

The stitches closing the cut in the skin are usually taken out after 7 days.

The stitch holding the drain can be taken out after 4 weeks.

District nurses will arrange for the stitches to be taken out when needed. Having the stitches taken out is usually painless.

Are there any risks?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

- **Infection.** The risk of infection is higher the longer the drain is in place. For patients who have cancer, the rate of infection is about 5 in 100 patients (5.4%). For patients whose fluid collection is caused by something else (benign disease, not cancer) the rate of infection is about 12 in 100 patients (12.2%). You may need antibiotics or rarely catheter removal. Signs of infection are a high temperature and the skin around the catheter becoming more painful, swollen, hot or red. Signs of infection within the abdomen could be severe pain over the abdomen and hard abdomen. Please seek urgent treatment from your GP, call the NHS helpline on 111 or go to your nearest Emergency Department if you have any of these symptoms.
- **Bleeding.** A sharp needle is used during the drain insertion but the risk of serious bleeding is not common. The risk is less than 1 in 100 patients (less than 1%).
- **Skin irritation.** If you have skin irritation but no signs of infection then please contact your GP, district nurse or the doctor or nurse looking after you.
- **Leakage of fluid** where your peritoneal catheter is tunnelled under your skin. If fluid keeps leaking after the fluid in your abdomen has been drained then please contact your GP, district nurse or the doctor or nurse looking after you.
- **Your peritoneal catheter may become dislodged or blocked.** A dislodged or blocked catheter may cause leaking around the catheter (see above). The catheter may need to be replaced. Sometimes a blocked catheter may only need to have the valve at the end replaced. Please contact your GP, district nurse or the doctor or nurse looking after you.
- **Injury inside your abdomen near the peritoneal catheter.** There is a very small risk of injury inside the abdomen. The risk of causing a hole in the bowel (perforation) is less than 1 in 100 patients (0.8%). Seek urgent medical help if you develop severe pain, fevers, hard abdomen.
- **Discomfort when fluid is drained out.**
- **Soreness and bruising** where your peritoneal catheter goes into your abdomen.

At all times during and after the procedure the staff will be checking your responses to treatment. This is to minimise the effects of any complications.

Despite these possible complications, peritoneal catheter insertion is normally very safe. It can prevent you having to be admitted to hospital repeatedly. If you get any of these symptoms after your discharge from hospital please contact your district nurse or your GP.

Are all peritoneal catheter insertions successful?

Most peritoneal catheter insertion procedures are successful.

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a hospital doctor or a doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will confirm that you understand why the procedure is being done, the potential risks and the chances of success

You will sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

What if I need to talk to someone?



If you have any questions or concerns, or cannot make the appointment please call the radiology department on **0116 258 8765** and select **option 7**. Monday to Friday 9am to 5pm, but not on bank holidays.

After the procedure:

If you have any problems after the procedure please speak to the staff on the ward.

If you have any problems relating to your peritoneal catheter once you have left hospital, please contact your GP or your district nurse for advice.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk