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Peritoneal dialysis catheter - medical (percutaneous) insertion

Renal Department

Information for Patients

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Why do I need a peritoneal dialysis (PD) catheter?

Healthy kidneys do many jobs. They balance the body's water content and filter out waste. When your kidneys stop working properly, the body is affected in many ways. There are various treatments that take over some of the work the kidneys do. One of these is peritoneal dialysis.

There are 2 types of peritoneal dialysis:

1. **Continuous Ambulatory Peritoneal Dialysis (CAPD)**
2. **Automated Peritoneal Dialysis (APD)**

We will need to put a catheter (tube) in the tummy. This catheter is used to drain fluid in and out of the abdomen. This helps to clean the blood and remove excess water from the body.

What will it look like?

The tube is about as thick as a pencil. This will stay in place all the time. It is often placed on either side of the tummy button. This depends on your preference, how you sleep and whether you are right or left handed. You can talk about the position and where the tube exits on your tummy (the exit site) with the person inserting your tube. You can do this before your procedure. When not in use the tube can be hidden inside clothing or taped to the abdomen.

You should be able to carry out all your normal daily activities. You would need to avoid contact sports like rugby. There is no reason why sexual relationships should change. You can talk to us about this. Please ask if you need help or advice.

Who will be involved in my care?

A team of nurses and doctors will be responsible for your care. Nurses who specialise in looking after patients with kidney problems, will talk to you about peritoneal dialysis.

They will support you before and after the catheter has been put in. They also give any training that you need before you start dialysis.

A kidney doctor will talk about the procedure with you and insert the catheter. If you need an interpreter please contact us before the pre assessment date by calling **0116 258 8044.**

You may also meet:

- A renal care assistant who will take blood samples from you. They may also take a recording of your heart (ECG).
- A trained assistant will also support the kidney specialist when the catheter is being put in.
- Radiographer who may take an x-ray.
- It is normal for these tests to be done before an operation. They will be done a week earlier in the Renal Planned Care hub at Leicester General hospital.
- A nurse specialist or doctor who will help with giving you sleeping medicines during the procedure. This is so that you are comfortable.

After your procedure you may meet a:

- Nurse who will look after you on the ward while you recover.
- A doctor who will check on you before you go home.

If needed, you may meet a:

- Pharmacist who will be able to answer any questions you may have about your medicines.
- Dietitian who will be available to answer any questions you may have about your diet.
- Psychologist who you can be referred to, for advice and support.

What will happen before the procedure?

A nurse in the Renal Planned Care hub will see you around 7 days before your procedure. They will need to know about all your medicines. Please bring them with you. They will measure your blood pressure, pulse and temperature.

We will take a nose swab and do routine blood tests. It is very important that you are not constipated before the tube is put in. To help with this, we will give you laxatives to take a few days before. This will help clear your bowels.

We will ask you to shower using a special soap. We will also give you a cream to apply inside of your nose for a few days before the procedure. This will help to reduce the risk of getting an infection afterwards.

What will happen before the procedure?

Patients with diabetes will be given advice on what to do with their diabetes medicines. If you take blood thinners, your blood clotting will need to be checked before the procedure. We will tell you if and when to stop taking them. You may be asked to take blood thinning injections for a few days instead.

For most patients, the catheter can be inserted as a day procedure. This means you will not usually have to stay overnight in hospital. However, you must travel home with another adult (or go home by ambulance). You must have an adult stay with you overnight. If this is not possible, you will need an overnight stay at the hospital. This is because you will have the PD catheter inserted using sleeping medicine (sedation) and numbing injection (local anaesthetic).

The day of the procedure

You must not eat or drink from midnight before the procedure. When you arrive on the ward, you will be met by the nursing staff who will check your details and show you around so that you will know where things are.

We will check your blood pressure, pulse , oxygen level and temperature. We will give you a gown to wear. A doctor will place a small tube (cannula) in the back of your hand. We will give you an injection of antibiotics through this to reduce the risk of the catheter becoming infected. You will meet the doctor who will put the catheter in. The will explain the operation to you. They will check your tummy and mark the site for the tube. They will then ask for your written consent for the procedure.

We will ask you to empty your bladder before you are taken to the procedure room.

The procedure

We will bring you to the procedure room on Ward 37 at Glenfield hospital. You will be connected to a machine to monitor you blood pressure, heartbeat and breathing. The doctor will scan your tummy to make sure it is safe to do the procedure and check that your bladder is empty.

Before any cut is made, we will give sleeping medicine through the cannula. This is so that you are not aware of the doctors placing the catheter. We will also give you a numbing injection (local anaesthetic), just below the belly button.

The whole procedure often takes 20 to 40 minutes. During the procedure you will get oxygen through a mask and be monitored very closely. We will also give you more pain killing injections, if you need it.

After the procedure

We will return you to the ward after the procedure. The nurses will check on you and your dressings for any leakage of blood or fluid from the operation site.

After the procedure, you may have some discomfort. This often settles within a few hours of the operation. The nurse will give you pain relief if you need it.

You can eat and drink once you feel ready. You will need to stay in your bed for at least 6 hours.

In the afternoon, the nurse will flush the catheter with some dialysis fluid to check that it is working. The doctor will see then see you. If everything is okay and there is an adult to stay with you overnight, you will be discharged home.

We will give you a fit note for up to 1 week if you need one. We will show you how to look after your wound dressing. The dressing should remain in place until the kidney community nurse checks the wound a few days later. We will give you some extra dressings to take home with you just in case.

What happens when I get home?

Until you start your dialysis training, your wound dressing will be changed once every week. The first dressing change will often be done at home by a nurse from the kidney community team. The tube will be flushed with some dialysis fluid, 1 week after the procedure. It will then be flushed once every week until your training begins. This is to reduce the risk of the tube becoming blocked.

It is very important to keep the exit site dry for 4 weeks after the operation. This is to let the skin heal and grow around the tube. This helps keep the tube in place and prevent leaks.

Do not for the first 4 week:

- **Do not shower**.
- **Do not** have deep baths.
- **Do not** go swimming.

You can take shallow baths where the dressing does not get soaked. If the exit site dressing gets wet or falls off, it will need replacing with one of the dressings given to you. The nurse will teach you how to do this and also how to check your for infection. If you are unsure, please ask.

Laxatives

To keep the tube working, it is very important that you do not become constipated. You should have been given some laxatives at your pre assessment visit. You are likely to need them for as long as you are on peritoneal dialysis. We recommend that you aim for 2 or more good bowel movements each day.

If you run out of laxatives or have questions about how to use them, please ask your nurse from the Renal Community Team. We will send a letter to your GP to update your prescription records.

Sedation

A sedative injection may have been given during the procedure. This sedative injection can last longer than you think. This is specially the case in kidney patients and could stay in your body for up to 24 hours (1 day).

When sedation has been given:

For 12 hours: You should be accompanied by a responsible adult.

For 24 hours (1 day):

- **Do not** drive a car or ride a bike.
- **Do not** drink alcohol.
- **Do not** use any machinery or do anything needing skill or judgment.
- **Do not** make important decisions or sign any documents.
- **Do not** climb ladders.

Useful contact numbers

Renal community nurses: (Monday to Friday, 08:30am to 4:30pm)

- Leicester: **0116 258 4120**
- Loughborough: **0150 956 4270**
- Peterborough: **01733961700 (option 6)**
- Northampton: **01604628976 (option 4)**
- Lincoln: **0152 257 2321**

or

- Renal planned care hub, Leicester General Hospital: **0116 258 8044**

Evenings/overnight/weekends/bank holidays:

- Glenfield Hospital, ward 27: **0116 258 8082**
- Glenfield Hospital, ward 30: **0116 258 4127**

More information

Kidney Care UK,

3 The Windmills, St Mary's Close,

Alton

GU34 1EF

www.kidneycareuk.org/

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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

We are a research hospital and you may be asked to take part in research