

# **Patient Information**

## **Peritoneal Dialysis Catheter Insertion Under General Anaesthetic**

Renal Department



## Introduction

You have decided from the information you have received from the doctors and nurses in the renal department that peritoneal dialysis (PD) is the best form of dialysis for you. This booklet is intended to provide you with information regarding the insertion of your PD catheter. This is often referred to as a Tenckhoff catheter.

## Peritoneal Dialysis

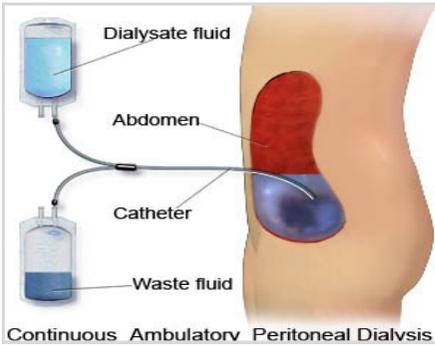
The abdomen (tummy) has a lining called the peritoneal membrane which can be used as a filter to remove excess waste and water. As you've opted for peritoneal dialysis, a tube (catheter) will be inserted into your abdomen during an operation (see figure 1). This will allow you to drain dialysis fluid in and out of your tummy yourself.



**Figure 1**

## How do I have the tube put in my abdomen?

To receive PD you will need to have an operation to put the PD catheter into your abdomen. During the operation, which is performed under general anaesthetic and normally takes an hour, a plastic tube will be permanently inserted into your abdomen. This tube is called a PD catheter. It is about 30 centimeters (12 inches) long and as wide as a pencil. The PD catheter will be placed through your lower abdominal wall, into the peritoneal cavity. Half of the catheter lies inside your abdomen, and half lies outside. It will come out on the right or the left, under your navel (tummy button) (see figure 2).



**Figure 2**

The PD catheter acts as a permanent pathway into your peritoneal cavity. Without it you would not be able to perform PD, so it is important to look after it.

## The General Anaesthetic

A general anaesthetic is a type of anaesthesia (a medication that causes loss of sensation) used for pain relief during surgical procedures. Anaesthetics work by blocking the signals that pass along your nerves to your brain. A general anaesthetic makes you completely lose consciousness so that surgery can be performed without causing pain or distress.

If you have general anaesthetic, it will be given to you by an anaesthetist (a specialist doctor who is trained in anaesthesia). The medication can be given to you in two ways:

- **as a liquid injected into your veins** through a cannula (a thin plastic tube that feeds into a vein, usually on the back of your hand), or
- **as a gas** that you breathe in through a mask

Your anaesthetist will stay with you throughout the procedure. They will make sure that you continue to receive the anaesthetic and that you stay in a controlled state of unconsciousness.

After the surgery is over, your anaesthetist will reverse the anaesthetic and you will gradually begin to wake up.

## **How will I be prepared for the operation?**

Before having the operation you will be sent pre-operative information in the post. Fasting instructions will be given along with details of what medication you can take prior to the surgery. It is important that you tell the staff beforehand if you have a problem with bleeding or if you are taking tablets that affect bleeding, such as warfarin. If you are diabetic you will be given specific instructions according to individual need regarding fasting and medication for the day of surgery.

You will be prescribed a body wash to wash in prior to your operation and nasal ointment to help prevent nasal bacteria transferring onto your skin. Medicine to help you empty your bowels more regularly will also be prescribed so that it is easier for the doctor to position the PD catheter during your operation. When you attend the Renal Access Clinic the doctor will examine your abdomen and talk to you about your operation in more detail. On the day of surgery the doctor will ask you to sign a consent form.

## **What do I need to bring with me on the day of the operation?**

You will need to bring into hospital your usual medication and some comfortable clothes or nightwear to change into. You can bring in something to read if you wish and you are advised to bring in toiletries in case of an overnight stay. You are advised not to wear jewellery, make-up or nail varnish.

## **What happens on the day of the PD catheter insertion?**

You will be given your own individual instructions regarding the time to attend the hospital on the day of your operation. Every patient's instructions will vary according to their own individual needs, time of operation and medical condition.

## What complications might occur?

There are four main complications of the procedure:

- **Technical failure** - Occasionally insertion of the catheter under local anesthetic fails for technical reasons. If this happens then the procedure is discontinued and you will be advised of alternative treatments.
- **Bleeding** - Bleeding at the insertion site (or exit site) can occasionally occur. Any bleeding that does occur usually stops spontaneously on its own, but occasionally requires further treatment.
- **Infection** - You will be given antibiotics before your PD catheter insertion to prevent infection. Despite this, some patients can develop an exit site infection or abdominal infection and this requires treatment and a further dose of antibiotics. In the worst case, the PD catheter may need to be removed.
- **Bowel perforation** - Very occasionally during the procedure the bowel is perforated. This complication is very rare. However, when it does occur it is a serious complication and may require you to have a surgical operation to repair the perforation.

## What happens after the procedure?

When you have woken up after the operation, you will be monitored by the nursing staff in the recovery room before going back to the ward.

Once back on the ward, the nursing staff will continue to monitor you and will offer you painkilling medicine. If you experience any pain, make sure you inform the nurse so that appropriate medication can be given.

Prior to going home you will normally be given the following:

- Laxative tablets, as there is a tendency to become constipated;
- An imminent outpatients appointment with the Home Therapies team.

## Going Home

You are strongly advised not to drive for two weeks following your PD catheter insertion, so you will need someone to collect you.

You are advised to take at least seven days off work. If you have a more physical job you are likely to need more time off.

You are advised not to have a bath or shower for 10-14 days following surgery.

Before you leave hospital you will be given an appointment with the Home Therapies team and they will discuss with you when they plan to start your PD training. This is likely to be in two weeks' time. They will also show you how to care for your catheter, check that your wound is healing and give further advice as appropriate.

You should **not** remove your dressing before this appointment.

## What things do I need to look out for once I am home and what do I do if I think there is a problem?

If you develop tummy pain, a temperature, 'flu like symptoms or diarrhoea you must contact us **immediately** as this is a sign that you may have an infection.

- Monday to Friday, 8am to 4pm contact the Home Therapies team.
- Out of hours, weekends and Bank Holidays contact Ward 6B.

**Contact telephone numbers are on the back cover of this booklet.**

## **What if I have any further questions**

If you have any further questions about the procedure, please speak to one of the Home Therapies sisters or a renal doctor.

**Questions I would like to ask:**

## Contact details

Ward 6B, Nephrology (Renal) Ward, Lister Hospital	01438 285063 / 284068
Renal Liaison Department	01438 285643
Home Therapies	01438 284100
Renal Access Nurse	01438 284624

## Further Information

[www.nhs.choices](http://www.nhs.choices)  
[www.renal.org.uk](http://www.renal.org.uk)  
[www.kidney.org.uk](http://www.kidney.org.uk)

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Date of publication: July 2014  
Author: E Welch/J Cloran  
Reference: PDCathInsertLA    Version: 3 (March 2018)  
Review Date: March 2021  
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[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

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