

# Peritoneal Dialysis

Information for patients

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## What is Peritoneal Dialysis?

Peritoneal Dialysis is a therapy you can carry out in your own home.

It involves inserting a plastic tube (catheter) in through your abdominal wall. This will involve a small operation which is performed under general anaesthetic. This means you will be asleep whilst the operation is in progress.

Once the catheter has healed, over a 6-week period we will use it to fill your abdomen with 2 litres of a warmed solution. This solution will stay in your abdomen for a specified amount of time, and in doing so it absorbs the waste products and excess fluids that your kidneys are no longer clearing. Once it has absorbed these waste products the fluid is drained and replaced with fresh fluid.

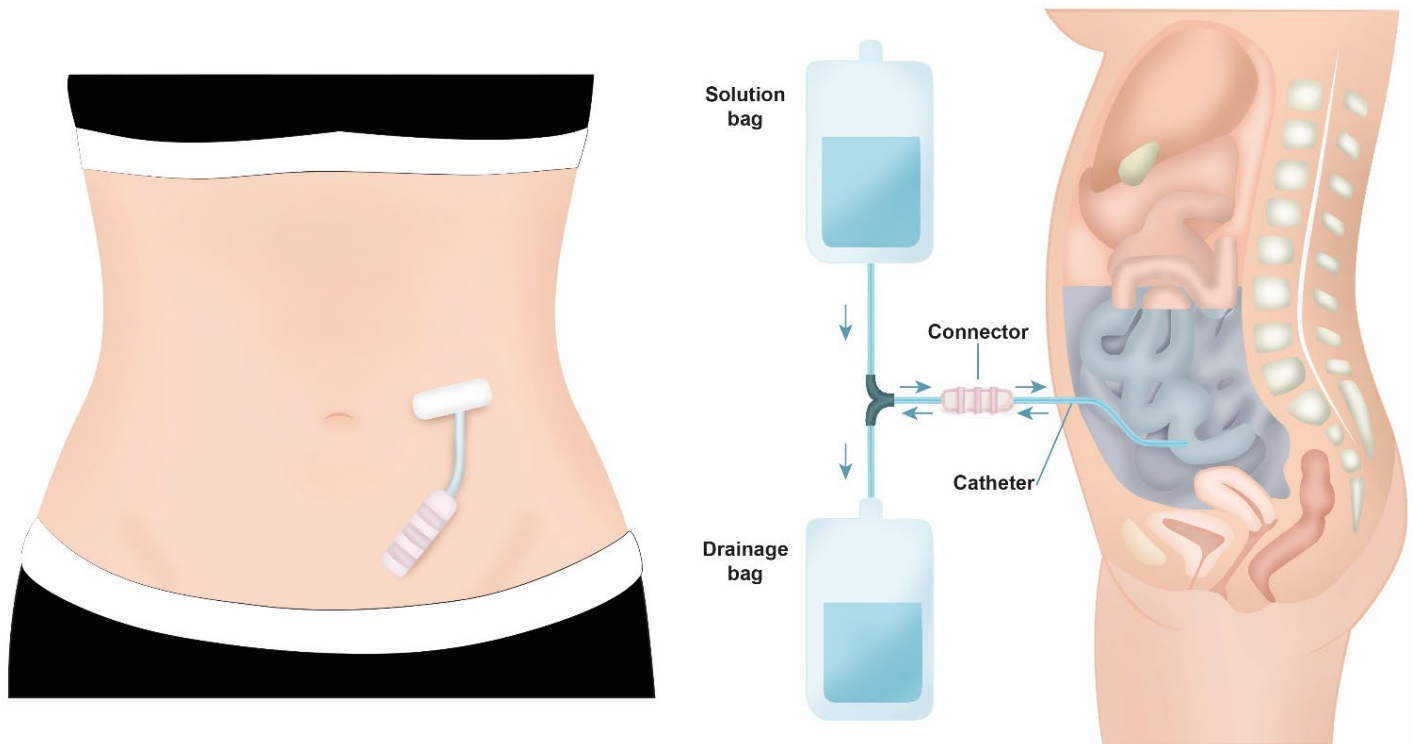
This booklet aims to take you step by step through the stages of:

- Pre-operative preparation.
- What will happen on the day of my surgery?
- What to expect when I go home.
- What will happen in the first 6 weeks of caring for my catheter?
- Training to use your catheter to do your home therapy.
- Post-training support and monitoring.
- Troubleshooting and when and where to get information/support/help.

## Your treatment

You will be allocated a named nurse and a named doctor (consultant kidney doctor) to see you through your journey and will be cared for by a team of experienced Peritoneal Dialysis nurses, surgeons, dietitians, social workers, and clinical support workers. This leaflet aims to explain your journey in detail, and your care plan will be individualised to you and your specific needs.

## How it works



## Pre-Operative preparation

You have chosen peritoneal dialysis, a home therapy, to clear the waste products and excess fluid from your body that have accumulated because of your low kidney function.

When your kidneys are functioning at about 10%, or when you become symptomatic of your kidney disease and you and your kidney doctor feel the time is right, you will be referred for insertion of your peritoneal dialysis catheter. This is a keyhole procedure (laparoscopic).

Once referred, your first appointment will be with the surgical assessment team, it will be a 20-minute appointment at the Royal Infirmary Edinburgh (RIE).

The team will:

- Take your blood.
- Swab your nose for a skin bacteria **call Methicillin sensitive staphylococcus aureus** (this allows us to eradicate any excessive growth pre catheter with an antibiotic cream to reduce the possibility of infection.)
- Take a tracing of your heart to ensure you are fit to have a general anaesthetic.
- Ask lots of questions about your health and wellbeing.

You may be asked to meet with our surgeon pre-operatively. This would be if you have anything in your past medical history that may make catheter insertion more difficult. Sometimes our surgeon likes to council you on the risks of surgery so that you can be fully informed in order to give your consent. On occasion the decision may be made that a peritoneal catheter insertion would likely cause harm or not

work and in this situation your kidney doctor and Dialysis Education Nurse will take you through what happens next.

## Theatre preparation

You will be given laxatives (to encourage your bowels to open) and a body wash to use 5 days pre-theatre.

**Lactulose: 10ml twice a day.** This medication is a stool softener, please continue to use post theatre also.

This ensures your bowels are empty before theatre. It is important you continue to use it going forward as your catheter will function better if you have regular bowel movements, (at least 1-2 per day).

**Senokot: 2 tablets at night.** This medication is bowel stimulator which will make your bowel expel the softened stool. Please also continue to use after theatre, please discuss with your named nurse if you are having problems with the medication/bowel management regime.

**Chlorhexidine body wash.** This will reduce the number of natural bacteria on your skin to reduce the risk of infection in your catheter. Shower once a day with this for 5 days pre theatre.

Stand in the shower until your body is wet and then step out of the flow of water to fully lather everywhere, hair included, with the soap solution, allow the soap to remain in contact with the body for 60 seconds before rinsing.

If your nose swab was positive for **Methicillin sensitive staphylococcus aureus** you will also be given a nasal antibiotic cream to use before theatre, a regime of 5 days per month for 3 months. This will include washing with the chlorhexidine soap and applying nasal ointment.

We will swab your nose every 6 months regardless of a positive or negative result to minimise contamination of your catheter during therapy.

## Day of theatre

You will be given a time to attend the Day Surgery Unit (DSU); usually around 7.30am.

You will be seen by the surgeon, anaesthetist, and a Peritoneal Dialysis (PD) nurse on the morning of your surgery. They will obtain your consent for the procedure and give you an opportunity to ask any questions.

You will be taken for your operation in the morning and spend time in the afternoon in a bed in the Day Surgery Unit to recover.

If you have eaten, had a drink, passed urine, your pain is under control and you do not have any other health considerations, you will be allowed to go home late afternoon. It is important that there is someone at home with you overnight.

If any of the above are not in place you will remain overnight in day surgery, so please pack an overnight bag with night wear, toiletries, and some home comforts, just in case.

Before your discharge, a PD nurse will give you information about how to care for your catheter and an appointment to attend the Community Dialysis Team clinic in 1 week's time. This clinic is opposite ward 206, on the second floor of the Royal Infirmary Edinburgh.

**You must not shower or bathe for 2 weeks** from the day of the catheter insertion.

You will be advised to **NOT** remove the dressing and to apply new ones over the top if the old ones become undone. The primary dressing must be left undisturbed for 1 week.

## First 6 weeks of catheter care

### Week 1

You will attend the CDT unit and a PD nurse will remove your dressing and assess the site of your catheter insertion. They will assess healing and make sure there are no signs of infection.

An extension piece will be applied to your catheter and the nurse will flush your catheter with 500ml of solution.

Over the coming weeks pay attention to the procedure the nurse is using to perform your flushes. This is what you will eventually be trained to do!

### Week 2

You will attend the CDT unit and the nurse will again inspect your catheter and flush your catheter.

After this appointment you will be able to shower (we advise no baths with a PD catheter). Your PD nurse will show you how to care for your catheter and exit site at home. They will provide you with dressings and advice.

**Please call 0131 2421219 immediately** if your exit site looks red, hot or has any fluid or pus coming out of it. Out of hours your call will be put through to the kidney ward. Do not wait to see if it gets better on its own. You will be asked to attend the unit as soon as possible for assessment and treatment.

### Week 3-6

You will continue to attend weekly for exit site review and catheter flush each week. We will try to be flexible with appointments around your other commitments.

### Week 7: Training week

You will attend the unit for 3 days between the hours of 10am and 2pm (this may vary from time to time.)

In the first instance we would like to train you to do 'daytime exchanges' which is also called CAPD (Continuous Ambulatory Peritoneal Dialysis). The reason for this is that a 6-week period of CAPD has a number of benefits:

- It lets you perfect your technique in daytime hours.
- It allows your catheter to settle in a good position which improves the chances of your catheter working over time.
- It allows a start on the overnight machine, APD (automated peritoneal dialysis) to run more smoothly with fewer alarms.
- It decreases the risk of your catheter flipping upwards (which requires another operation)
- It gives you a backup skill if your machine is out of use i.e., power failure or if you fancy a few nights away without your machine.

### 6 weeks post therapy commencement

You are now doing your daytime exchanges 4 x a day (20 minutes each time), confidently at home.

You will be given the option to switch to overnight therapy. If you choose to do this, you will be asked to attend the unit for a 'trial on machine'. This allows us to see if your catheter will work whilst you are lying flat in bed. In most cases the trial is successful but in others it is not. In this instance you will be given the opportunity to stay on daytime exchanges or consider whether you would want to change to hospital haemodialysis.

If successful, you will be given a date for training to set up the machine. Upon successful training your home supplies will be switched over to accommodate your overnight therapy.

**(Please note** the supply company will deliver fluid and ancillaries every 2 weeks; you will be given the number of a named contact who will take your stock levels pre your scheduled delivery date.)

### Therapy support and monitoring

By now you will know your PD nurse well and the supporting team.

6 weeks post starting CAPD or APD you will be given a clinic appointment with a peritoneal dialysis specialist kidney doctor. This may or may not be the kidney doctor you are used to seeing. Once established on dialysis this will be your kidney doctor going forward.

Before this appointment your PD nurse will ask you to attend the unit for a test called a PET, this involves a 4-hour appointment whereby the nurse will take samples from your fluid at 2 hourly intervals and a blood test. This will allow us to tailor your dialysis prescription to your needs.

You will also have a test called an adequacy, this involves the nurse asking you to collect your urine for 24 hours and taking samples from your dialysis fluid. This allows us to see how much work your kidneys are doing and how much work the dialysis is doing. We will repeat this test every 6 months. Again, this allows us to tailor your prescription to you.

Your nurse will see you at home frequently in the first few weeks of therapy but once established and confident they will contact you monthly, this will be by telephone or home visit at your convenience.

As you have elected an independent home therapy it is important that you communicate with us if you are finding anything difficult, here is a non-exhaustive list of things to let us know:

- Your weight has gone up.
- You have swollen feet, ankles, and legs.
- Your BP is high or low.
- You have a problem with your exit site (red, hot, swollen, painful or has pus coming out of it)
- Your abdomen, below your exit site, is hot and red.
- You have abdominal pain.
- There is fluid leaking from your tube.
- You have accidentally contaminated your catheter, or your cap has come off.
- Your fluid is cloudy.
- You have a fever.
- You are short of breath.
- You are having problems draining in or out.
- You have been having lots of alarms on your overnight machine.
- You are finding your bowels medication difficult to cope with
- Your home situation has changed.
- You are struggling to cope with an independent home therapy.
- You have had delivery or supply issues (please work with your delivery company to resolve in the first instance).
- Your machine has a technical error and you need a plan whilst awaiting remedy from the company of supply.

## Contacting us

The Peritoneal Dialysis (PD) team work Monday to Friday from 8.00am -5.30pm.

There are support workers (who are not registered nurses) who may take your call on a Saturday or Sunday, and they will communicate any issues to ward staff.

Please call **0131 2421219** to report any problems.

Overnight and at weekend this number will auto divert to the kidney ward (206 RIE).

Please note: On occasion your PD nurse will give their work mobile number to you for support whilst training is underway. This **must not** be used as a regular method of contact. Your message may not be picked up in a timely manner. Always call **0131 2421219**.

### It's OK to Ask

When you understand what's going on with your health, you can make better decisions around your care and treatment.



SCAN ME

