Oxford Kidney Unit

Advice after the insertion of your Peritoneal Dialysis (PD) catheter

Information for patients
This leaflet has been written to give you information about how to care for your Peritoneal Dialysis (PD) catheter for the first 2 to 3 weeks after your operation. The PD catheter is also known as a **Tenckhoff catheter**, as it was named after the surgeon who developed it.

Your Peritoneal Dialysis (PD) nurse from your local unit will provide you with more detailed information on how to look after your PD catheter at the end of the 2 to 3 weeks.

Now that you have your new PD catheter it is important that it is looked after properly. This will help minimise the risk of infection or migration of the catheter (when the catheter moves inside you from the middle of your abdomen to the side of your abdomen). If you have any questions, please contact your PD nurse on the telephone numbers at the back of this leaflet.
What should I expect when I go home after the operation?

You will be given an appointment with your PD nurse 5 to 7 days after the operation, so they can change your dressings. To reduce the risk of infection, a special disc with an antimicrobial solution (chlorhexadine) will be applied to your exit site (where the catheter comes out of your abdomen). You won’t be able to see this until your PD nurse removes the dressing.

When you go home after the operation you will have 2 to 4 dressings on your abdomen (depending on the type of operation you have had). It is important that you leave these alone, to reduce the risk of infection. You will be given some spare dressings before you go home.

There are no stitches to be removed, as they are all dissolvable. This will take about 2-3 weeks.

The dressings are not waterproof, so you will need to avoid bathing and showering for 2 to 3 weeks after your operation. Damp or wet dressings can easily cause infection. Your PD nurse will let you know when you can shower again (baths are not recommended whilst you have a PD catheter).

There may be some bruising on your abdomen, but this should soon disappear.
### How do I look after my wounds and dressings after my operation?

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<tr>
<th>Problem</th>
<th>What to do</th>
<th>When to ask for help</th>
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<tr>
<td>Your dressings start to peel off.</td>
<td>Wash your hands thoroughly and place another dressing over the top of the old one.</td>
<td>If one or more of your dressings fall off, contact your PD nurse or renal ward immediately. They will arrange for your dressings to be changed urgently.</td>
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<tr>
<td>You notice there is blood coming through your dressing.</td>
<td>Wash your hands and apply another dressing on top of your old dressing.</td>
<td>If you have applied two new dressings and blood continues to leak through the dressing, contact your PD nurse or renal ward. The telephone numbers are at the end of this leaflet.</td>
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<td>You notice that your wound becomes hot, itchy, more painful or you have a temperature.</td>
<td>Contact your PD nurse or renal ward straight away.</td>
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<tr>
<td>Wound pain which is severe or getting worse.</td>
<td>Contact your PD nurse or renal ward straight away.</td>
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Will I have any pain?

It is normal to experience some discomfort following your operation. To help with this, you can take paracetamol for the next 2 to 3 days after your operation.

If you are still experiencing discomfort when you leave the hospital we may be able to prescribe some stronger painkillers. Stronger painkillers can cause you to become constipated, so it is very important that you take extra laxatives whilst you are taking these.

Don’t take anti-inflammatory drugs such as ibuprofen, Nurofen or Brufen, as this group of drugs can damage your remaining kidney function.

How active can I be after my operation?

• Take it easy for a day or two.

• Avoid lifting anything heavy (more than 5kg) for 2 to 3 weeks. This will allow your wounds to heal and reduces the risk of you developing a hernia (when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall, causing a small swelling).

• Avoid vigorous movements, such as pulling and pushing (gardening or vacuuming).

• If you have young children, don’t pick them up. Get them to come to you whilst you are sitting and gently bring them up onto your lap. You may find it more comfortable to place a cushion against your abdomen so that your wound is protected. If possible, ask if a relative or friend can help you for at least the first week.
What should I do about driving?

You must not drive for at least 5 days after a laparoscopic insertion (keyhole surgery). You should also not go home on public transport after this procedure. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

You should not drive for 2 to 3 weeks after a mini laparotomy insertion (as the cut to insert the catheter is usually though the abdominal wall muscle, which takes longer to heal).

A way to tell if you can drive safely is if you are able to comfortably perform an emergency stop. We suggest that you get into your car while it is parked, then stamp on the brake. If this hurts your abdomen or you don’t feel comfortable, leave it for another two days and try again.

If I can’t drive how will I get to the hospital for my appointments over the next 2-3 weeks?

If you have no relatives or friends to bring you to the hospital, then transport can be arranged. Please discuss this with your PD nurse.

What should I do about going back to work?

Most people take 3 to 4 weeks off work. This will depend on the type of work you do. If your job involves a lot of lifting or straining we will advise you to take more time off.

If you did not receive a sick certificate at your pre-operative assessment, please ask your PD nurse for one before you leave the day surgery unit.
What medicines will I need to use?

Before you leave the day surgery unit, your PD nurse will give you two medications, docusate sodium and mupirocin cream. Your PD nurse will also give you a letter to take to your GP; this will let them know about the new medications that you have been prescribed. You will be given 2 weeks’ worth of medications, so will need to see your GP for a new prescription within 2 weeks.

What is docusate sodium?

Docusate sodium tablets are used to treat and prevent constipation. It is really important that you do not become constipated following the operation. How well your peritoneal dialysis works depends upon you having a clear bowel. This is because the PD catheter lies against the bowel wall and can be squashed if you have a lot of faeces (poo) in your bowel. This will then cause difficulty with the fluid draining in and out of your abdomen.

How do I take docusate sodium tablets?

You should take 1 tablet (100mg) three times a day.

Increase this dose to 2 tablets (200mg) in the morning, 1 tablet (100mg) at lunchtime and 2 tablets (200mg) in the evening, if your bowels have not opened once a day by the third day after your operation or you are taking painkillers that are stronger than paracetamol.

If by the fifth day after your operation you are still not having a bowel motion at least every day, please phone your PD nurse.
Are there any side effects?
Some people (1 in 100) can experience stomach cramps and nausea. If this happens, stop taking the docusate sodium tablets and contact your PD nurse.

What is mupirocin cream?
Mupirocin 2% cream or ointment (Bactroban) is an antibiotic that is used to prevent or treat infections.

How do I use mupirocin cream?
You won’t need to use this for the first 2 to 3 weeks after your operation. Your PD nurse will show you what to do when you come for your appointment, so please bring it with you when you see them.

What happens now I have my PD catheter?

The first week after my operation
Your PD nurse will see you 5 to 7 days after your PD catheter insertion, to change all of the dressings. They will ask you how you are feeling and may suggest a blood test to recheck the function of your kidneys. If you have any questions at this time, please do ask your PD nurse. You might want to write them down before you come, so you don’t forget to ask.

The second week after my operation
In the second week your PD nurse will change all of your dressings again. They will also flush your PD catheter. This involves attaching a dialysis tube to the end of your catheter. This tube is then attached to a bag of warmed dialysis fluid. About 1,000mls of dialysis fluid will be drained into your abdomen. The fluid will then be drained out into an empty bag. You shouldn’t feel any pain whilst this is happening.
During this time, your PD nurse will be checking to see how well your PD catheter works. This is done by measuring how much fluid drains in and out and how quickly this happens.

If you have decided to have the overnight treatment (Automated Peritoneal Dialysis – APD) and your catheter is slow to drain the PD fluid in or out of your abdomen, you will need an ‘APD trial’.

An APD trial is when a PD machine is used to flush PD fluid in and out of your abdomen over a specific period (about 4-6 hours). Try not to worry about this at this stage, as sometimes, early on, your PD catheter won’t work quite as well as it should. Your PD nurse will always let you know what is happening and will discuss a plan before you leave the unit. Sometimes your PD nurse may recommend waiting another week before the next stage of your treatment starts, especially if your wounds are taking a little longer to heal.

If the flush of your PD catheter has gone well, your PD nurse will give you the date to teach you how to do your PD treatment. They will come to your home to do this (see the next section for details). Your PD nurse will also give you some written information to help you manage your PD treatment; you may find it helpful to read this before the training starts.

**The third week after my operation**

A PD nurse will come to your home to train you to do your own PD treatment. The training will be carried out over 3-5 days. Before the training, the nurse will organise for a PD company to deliver the PD supplies (and a machine, if needed) to your home.

Part of your treatment requires you to weigh yourself every day, so it would be helpful if you have electronic bathroom scales, registering at 0.2kg intervals. You will also need a smooth, wipe clean tray (melamine) to use as a clean surface on which to do your PD treatment. If you are unsure about how to get any of these items, please speak to your PD nurse.
1st appointment date and time:

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2nd appointment date and time:

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3rd appointment date and time (may not be required):

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PD training date:

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Useful contact numbers

Oxford PD Unit
Tel: 01865 225 792
Answerphone service
(8.30am to 6.00pm, Monday to Friday).
A PD nurse will respond to your message within the hour.

Milton Keynes PD unit
Tel: 01908 996 495
Answerphone will give you the PD nurse details

Wycombe PD unit
Tel: 01494 426 349
Answerphone will give you the PD nurse details

Swindon PD unit
Tel: 01793 605 288
Answerphone will give you the PD nurse details

Renal ward
Tel: 01865 225 780
This is for urgent calls, 24 hours a day. It is also the number to ring after 6pm on weekdays, weekends and bank holidays.

Email: pd.team@ouh.nhs.uk
(8.30am to 4.30pm, Monday to Friday)
Further information

You should have been given the leaflet about Peritoneal Dialysis (PD) catheter insertion. If you don’t have a copy, please ask your PD nurse for one, as this also gives you information about your PD catheter and treatment.

The Oxford Kidney Unit website has information about the Unit, which you and your relatives and friends might find useful.

Website: www.ouh.nhs.uk/oku/

NHS Choices

This website provides a lot of useful information about dialysis and other conditions.

Website: www.nhs.uk/conditions/Dialysis/Pages/Introduction.aspx

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk

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