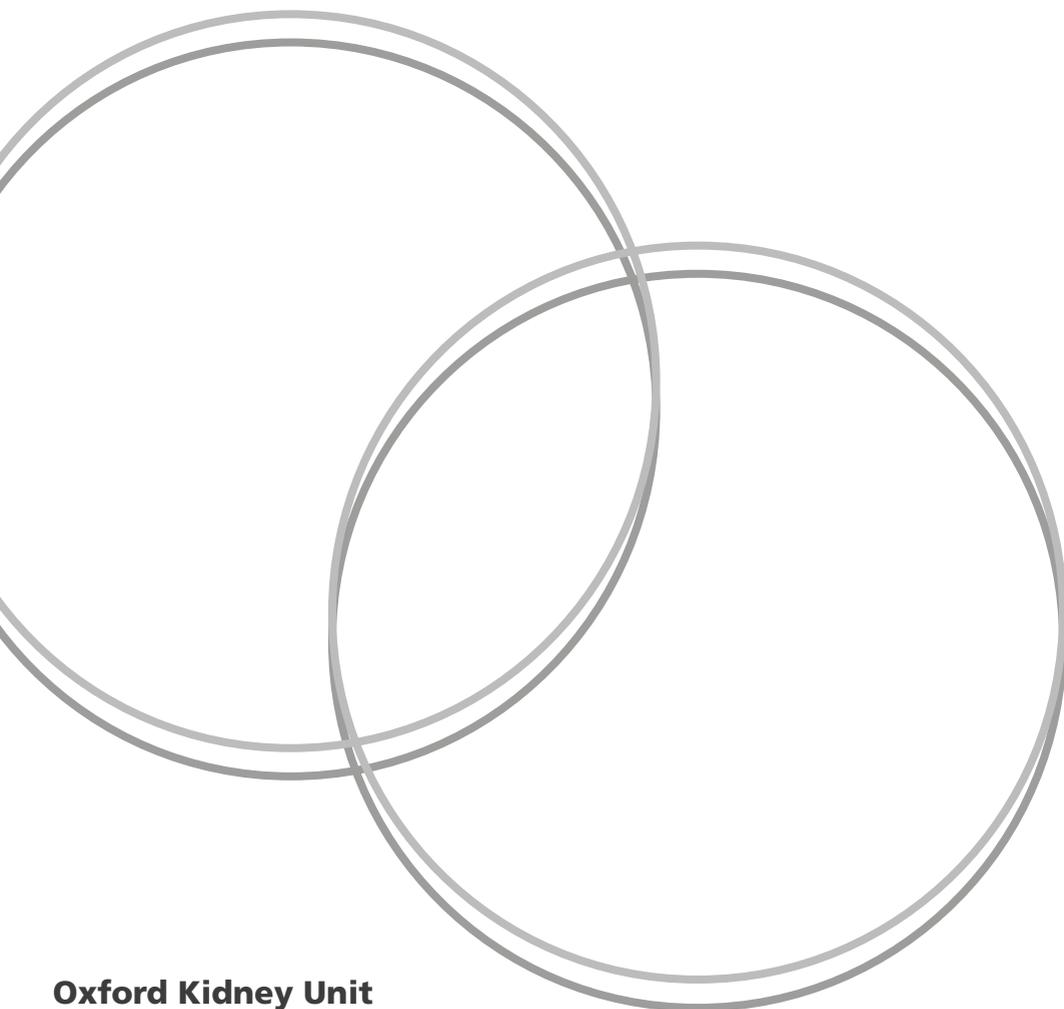


Advice After the Insertion of Your Peritoneal Dialysis (PD) Catheter

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.

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

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 the PD nurse 5 to 7 days after the operation, so they can change your dressings. To reduce the risk of infection, a silver dressing is 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 a dressing over the exit site, and surgical glue over the other wounds on your abdomen. 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 internal and dissolvable.

The dressing over the exit site is not waterproof, so you will need to avoid bathing and showering for 2 to 3 weeks after your operation. A damp or wet dressing 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.

Care of a buried catheter

If you have had a buried catheter the tube will be under your skin, so you won't have a dressing.

Surgical glue will have been applied to any wounds. You will need to avoid showering or bathing for 24 hours. The glue will gradually wash off when you start showering again.

You may not need to see a PD nurse about any wounds you have. They will telephone you to make sure you are healing well.

How do I look after my wounds and dressings after my operation?

Problem	What to do	When to ask for help
Your dressing starts to peel off. (This won't be relevant if you have had a buried catheter.)	Wash your hands thoroughly and place another dressing over the top of the old one.	If the dressing falls off, contact a PD nurse or the Renal Ward immediately. They will arrange for your dressing to be changed urgently. The telephone numbers are at the end of this leaflet.
You notice there is blood coming through your dressing or any of your wounds are bleeding.	Wash your hands and apply another dressing on top of your dressings. If possible lie down and rest for a while. You can also place clean towel over the wound and press firmly for about 15 minutes.	If any of your wounds are bleeding, apply pressure using a clean towel for 15 minutes and then re-check. If your wound continues to bleed, or you have applied two new dressings and blood continues to leak through, contact a PD nurse or the Renal Ward.
You notice that your wounds become hot, itchy, more painful or you have a temperature.	Contact a PD nurse or the Renal Ward straight away.	
Your wound pain becomes severe or gets worse.	Contact a PD nurse or the Renal Ward straight away.	

Will I have any pain?

It is normal to experience some discomfort following this operation. To help with this, you can take paracetamol, as advised on the packet, 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. These can cause you to become constipated, so it is very important that you take extra laxatives whilst you are taking them.

Don't take anti-inflammatory drugs, such as ibuprofen (Nurofen), 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. If possible, ask if a relative or friend can help you for at least the first week.
- 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, or large pets 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 wounds are protected.

What should I do about driving?

You should not go home on public transport after a PD catheter insertion. 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:

- 5 days after a laparoscopic insertion
- 2 weeks after a mini laparotomy insertion
- 7 days after a medical insertion.

A way to tell if you can drive safely is if you are able to comfortably and safely 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 2 days and try again.

If you have no relatives or friends to bring you to the hospital, then transport can be arranged. Please discuss this with the 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 fit note (statement of fitness to work) in the Day Surgery Unit, please ask the PD nurse for one at your next appointment.

What medicines will I need to use?

At the pre-operative assessment you will be given some medications that you will need whilst you have a PD catheter.

Once you have had the PD catheter inserted a letter will be sent to your GP, which will let them know about the new medications you have been prescribed. You will be given 4 weeks' worth of medications, so will need to see your GP for a new prescription within 4 weeks.

What is docusate sodium?

Docusate sodium tablets are used to treat and prevent constipation. It is really important that you have your bowels open at least twice a day following the operation, as this will affect how well your peritoneal dialysis works. 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 then causes difficulty with fluid draining in and out of your abdomen.

How do I take docusate sodium tablets?

You should take 2 tablets (200mg) in the morning, 1 tablet (100mg) at lunchtime and 2 tablets (200mg) in the evening.

If by the third day after your operation you are still not having a bowel motion at least every day, please phone the PD nurse.

Are there any side effects?

Some people (1 in 100) experience stomach cramps and nausea. If this happens, stop taking the docusate sodium tablets and contact the PD nurse.

What is mupirocin ointment?

Mupirocin 2% ointment (Bactroban) is an antibiotic that is used to prevent or treat infections. You won't need this if you have had a buried catheter.

How do I use mupirocin ointment?

You won't need to use this for the first 2 to 3 weeks after your operation. Please bring it to your appointment with the PD nurse, who will show you when and how to use it.

What happens now I have my PD catheter?

If you have had a buried catheter inserted you probably won't need to see a PD nurse after the operation.

You should continue to follow the rest of the advice in this leaflet.

A PD nurse will phone you the day after your surgery, to make sure you are healing well and not experiencing any problems. If you are worried about anything please phone the PD nurses.

You will continue to be seen in the Low Clearance Clinic until the time comes for you to start dialysis. A renal nurse or doctor will let the PD team know when you need to start dialysis.

First week after the operation

If your catheter is not buried, a PD nurse will see you 5 to 7 days after your PD catheter insertion, to check all your wounds. They will ask you how you are feeling and may suggest a blood test to recheck your kidney function. If you have any questions at this time, please do ask the PD nurse. You might want to write them down before you come, so you don't forget.

Second week after the operation

In the second week a PD nurse will check your wounds again. If the wounds have healed well, they will flush your PD catheter. If the wounds are a little slow to heal, we will wait another week.

Flushing the catheter involves attaching a dialysis tube to the end of the 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 back out into an empty bag. You shouldn't feel any discomfort whilst this is happening.

While your PD catheter is draining, the 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) 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 3 hours).

If the flush of your PD catheter has gone well, the PD nurse will give you a 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). The 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.

If your kidney function remains stable, and you do not need to start dialysis yet, a PD nurse will teach you how to care for your exit site.

PD training

A PD nurse will come to your home to train you to do your own PD treatment. The training is carried out over 3 days. The PD nurse will be with you from 10am to 4pm each day. They will ensure that you are able to do your treatment safely before they leave you. For some people training is less than 3 days and sometimes you may need a little longer. 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 going to do APD you will need to make sure you have a suitable unit. If you have not been given this information please ask your PD nurse. 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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Contacts

Oxford Peritoneal Dialysis (PD) Unit

Telephone: 01865 225 792

(8am to 6pm, Monday to Friday)

Email: pd.team@ouh.nhs.uk (between 8.30am and 4.30pm)

Wycombe Home Therapies (PD and home HD) unit

Telephone: 01494 426 349

(8am to 6pm, Monday to Thursday)

Email: RenalHomeTherapiesWycombe@ouh.nhs.uk

Swindon PD unit

Telephone: 01793 605 288

Email: RenalPDSwindon@oxnet.nhs.uk

(8am to 6pm, Monday to Friday)

Milton Keynes Home Therapies (PD and home HD) unit

Telephone: 01908 996 465

(8am to 4pm, Monday to Friday)

Email: RenalPDMiltonKeynes@oxnet.nhs.uk

The PD nurses may be visiting people at home, so all units have an answerphone telling you who to contact if no one is available. If you have an urgent problem, please phone, as the PD nurses may not be able to immediately respond to email.

Renal Ward Churchill hospital

Telephone: 01865 225 780

(24 hours, including weekends and bank holiday)

Useful websites

Oxford Kidney Unit

Lots of information about the Oxford Kidney Unit for patients and carers.

Website: www.ouh.nhs.uk/oku

UK Kidney Association

Patient information leaflets and advice

Website: www.ukkidney.org/patients/information-resources/patient-information-leaflets

Kidney Patient Guide

Information for patients with kidney failure and those who care for them.

Website: www.kidneypatientguide.org.uk

Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

Six Counties Kidney Patients Association

The SCKPA is run for patients by patients or family members.

They offer support to people suffering from kidney disease or who are on dialysis. They work closely with the Oxford Kidney Unit and have branches in Oxfordshire, Northamptonshire, Buckinghamshire, and Milton Keynes, and parts of Wiltshire, Gloucestershire and Berkshire.

Website: www.sixcountieskpa.org.uk

National Kidney Federation

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidney.org.uk

OUH Patient Portal Health for Me

Please ask a member of the renal team to sign you up to the patient portal.

Website: www.ouh.nhs.uk/patient-guide/patient-portal

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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