Peritoneal Dialysis
Catheter Exteriorization

Peritoneal dialysis is a treatment that does the work that your kidneys would do if they were healthy. It cleans your blood. This type of dialysis does not use a machine to clean the blood. Instead, the cleaning is done inside the body. To make this happen, a thin, soft tube (*catheter*) is used to put the dialysis solution (*dialysate*) into your belly (*abdomen*). The solution drains out through the catheter after it has done its job. Surgery is needed to put the catheter in place. That surgery is called catheter exteriorization.

The catheter is often put close to your bellybutton. You will be able to see it on the outside of your body. It goes from there into the open space in your abdomen (*peritoneal cavity*). On the outside, the body heals well around the catheter to hold it in place. It creates a seal that does not let fluid leak from the abdomen. The seal also stops germs (*bacteria*) from getting into your body.

BEFORE SURGERY

- Two weeks before your surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter drugs such as ibuprofen and naproxen. Also stop taking vitamin E.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- You will talk with an *anesthesiologist*. This is the person who will be in charge of the anesthesia (medication) during your surgery. You may be given *general anesthesia* (you will be asleep during surgery) or *local anesthesia* (the area will be numb but you will be awake). Ask what to expect.
- Do not eat or drink for about 8 hours before your surgery.
- You might be asked to shower or wash at home with a soap that kills skin bacteria.
- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- The person who is having catheter exteriorization for peritoneal dialysis needs to give what is called informed consent. This requires signing a legal paper that gives permission for the surgery. To give informed consent:
  - You must understand how the procedure is done and why.
  - You must be told all the risks and benefits of the procedure.
  - You must sign the consent. Sometimes a legal guardian can do this.
  - Signing should be witnessed by a healthcare professional.
- If this will be an outpatient procedure, you will be able to go home the same day. Sometimes people stay overnight in the hospital after the surgery. Ask your healthcare provider what to expect. Either way, make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVER KNOW ABOUT:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.

- Smoking history.
- Other health problems.

THE SURGERY

Different types of surgery can be used to put your catheter in place. Talk to your surgeon about the options. They include:

- Open surgery.
  - You will be given a general anesthetic.
  - When you are asleep, the surgeon will make a small *incision* (cut) in your abdomen.
  - The catheter will be put in place.
  - The incision will be closed with stitches or staples.
- Laparoscopic surgery.
  - You will be given anesthesia. Usually, a local anesthetic is used.
  - When the area is numb, the surgeon will make a small incision in your abdomen.
  - A laparoscope (long, thin tube with a tiny camera on the end) will be put through the incision. The pictures taken by the camera are shown on a TV screen. This lets the surgeon see inside the abdomen during the procedure.
  - The catheter will be put in place. It will be stitched to the peritoneum. To do this, the surgeon uses tiny tools that are put through the scope.
  - The incision will be closed with stitches or staples.

POSSIBLE RISKS AND COMPLICATIONS

- Short-term possibilities include:
  - Excessive bleeding.
  - Pain.
  - Loss of feeling around the incision.
  - A pooling of blood in the wound (*hematoma*).
  - Infection.
  - Slow healing.
  - Need for follow-up surgery to fix problems.
  - Catheter problems. They may include:

1. Fluid leaking around the catheter.
2. Catheter becoming blocked.
3. Catheter moving out of place.

- Longer-term possibilities include:
  - Scarring.
  - Skin damage.
  - Damage to blood vessels, tissues or organs (such as the bowels) in the abdomen area.
  - Catheter failure.

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