

## CHALLENGES PRESENTED WITH ENCAPSULATING SCLEROSING PERITONITIS PATIENTS POST PERITONECTOMY, AFFECTING NUTRITION AND QUALITY OF LIFE.

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**PROBLEM:** Encapsulating sclerosing peritonitis(ESP) is a serious but rare complication of peritoneal dialysis(PD) and there is a time dependent increase on CAPD. A diagnosis of ESP often requires peritonectomy with total parenteral nutrition (TPN) postoperatively. At present there are no nutritional guidelines available for these patients.

**PURPOSE:** This abstract outlines the longterm nutritional challenges presented by a patient who required a peritonectomy. The medical, surgical and nutritional interventions are discussed together with outcomes and quality of life issues.

**DESIGN:** A 39 year old lady who had been treated with CAPD for 15 years required a peritonectomy after developing ESP with extensive calcification. Her nutritional status was closely monitored by measuring her weight, body mass index(BMI) and mid arm circumference(MAC). Medical interventions and problems arising were documented and psychological issues were identified.

**FINDINGS:** Accuracy of weight was affected by hydration status and ascites, making an assessment of nutritional requirements difficult. The patient's nutritional requirements were increased by persistent pyrexia. Oral intake remained poor over prolonged periods of time, and she declined naso-gastric(NG) feeding. Multiple line infections necessitated removal and replacement of feeding and dialysis lines. This caused the patient to be at risk for Refeeding Syndrome with TPN being the only source of nutrition. Continuous nausea and vomiting (1-15 times a day) affected the patient's quality of life. However she did not respond to anti-emetics, pro-kinetics or NG-tube for drainage. Drinking water was associated with the incidence of vomiting however the patient was not compliant with being nil by mouth(NBM) since she felt drinking water was "her only pleasure left in life". As a last resort a Percutaneous Endoscopic Gastrostomy (PEG) was inserted for drainage. Sclerosis continued and the patient presented with inoperable sclerosing peritonitis.

**CONCLUSION:** Working together as a multi-disciplinary team(MDT) could help provide a more structured approach to the management of ESP patients, identifying more realistic goals. Early introduction of alternative feeding routes if oral intake remains poor, should be considered. MAC or subjective global assessment (SGA) may be a better monitor of nutritional status than weight. To reduce risk of line infection, TPN should be given over 24 hours until the patients are stable. NBM strictly or PEG for drainage if patients experience problems with nausea and vomiting. Psychological input is needed early on with the treatment.

**RELEVANCE:** With a MDT approach the identification of possible nutritional , medical and psychological challenges presented by ESP patients could help with future treatment, with the aim being to optimise nutritional status and improve quality of life.