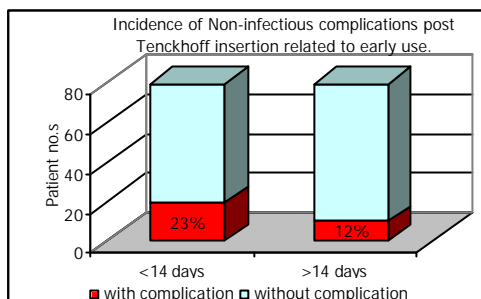


SINGLE CENTRE EXPERIENCE OF THREE DIFFERENT MODES OF PERITONEAL DIALYSIS (PD) CATHETER INSERTION

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PROBLEM During the period January 2000 to December 2002 a total 198 PD catheters were implanted; 62% were performed under general anaesthesia (GA) using open surgical (45%) or laparoscopic (17%) technique. A physician at the bedside placed the remaining 38% under local anaesthesia. It was not clear which type of catheter insertion had the best outcomes.

DESIGN Data were prospectively collected using the 'Poet' database. Complications were divided into infective (peritonitis or exit site infection) or non-infective (leak or malposition). The incidence of complications between the groups in relation to the time from catheter insertion to first use was also reviewed.

RESULTS: There were no significant differences in infectious or non-infectious complications between the different modes of insertion. The main difference noted was that non-infectious complications were increased two-fold in patients whose catheters were used in less than 14 days following insertion (23%), as compared to those in whom the catheter was rested for at least 14 days prior to first use (12%).

CONCLUSION Insertion of PD catheters under local anaesthesia at the bedside was not associated with a greater risk of infectious or non-infectious complications in our patient population. Catheters used in less than two weeks following insertion had a much greater incidence of non-infectious complications – principally leaks, irrespective of the mode of insertion. Based on this experience it is recommended that PD catheters be rested for up to 14 days following insertion prior to first use, in order to reduce the risk of complications.