

MEDICAL INSERTION OF PERITONEAL DIALYSIS CATHETERS BY THE NEPHROLOGY TEAM USING THE SELDINGER TECHNIQUE – THE PORTSMOUTH PROTOCOL AND AN AUDIT OF INSERTIONS BETWEEN 2007 – 2008

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INTRODUCTION : There are still a number of renal units in the UK where PD catheters are inserted by the nephrology team either percutaneously or peritoneoscopically. The Seldinger technique is recognised in the European Best Practice Guidelines as an optional method in selected cases however there have been concerns about its safety and success rate compared to surgical techniques and in many centres it is becoming extinct.

AIMS : Our chief aim was to refine our insertion protocol in order to make the procedure as safe as possible for patients while maintaining excellent success rates. We also introduced a day case protocol to further improve the service. We have carried out an audit of the service for the period 2007 – 2008 the results of which we will present here with our protocol.

RESULTS : The main improvements to the insertion protocol related to the safety of the procedure. We have added a compulsory bladder ultrasound performed by the operator immediately prior to the procedure to minimise the risk of bladder perforation. We give all of our patients DDAVP to cut down on bleeding complications. We have changed our local anaesthetic to a mix of prilocaine and bupivacaine which is longer acting and facilitates discharge on the same day.

During the period 2007-2008 we inserted 42 catheters using our protocol which was 31% of the total number inserted in the unit in that period – the rest being inserted surgically. Of these 38 (90%) worked well . One catheter was inserted extra – peritoneally while two did not work because of blockage with omentum. One catheter worked well but was removed after one month because of exit site infection which we feel was not a fault of the procedure itself. There were no bleeding complications bladder or bowel perforation. After introduction of the daycase protocol in late 2007 61% of catheters inserted in 2008 (n= 14) were inserted as day cases without any complications.

CONCLUSION : Our results strengthen the case for continued use of the Seldinger Technique for PD catheter insertion and our protocol has kept the complication rate to a minimum.