

For more information please visit us online at: <http://www.osmh.on.ca/diagnostics/>

If you or your support person do not clearly understand the procedure, please ask for clarification



PERITONEAL DIALYSIS CATHETER^{1,2}

What is it?

A peritoneal dialysis catheter is a soft, flexible tube that is placed into the abdomen to allow for peritoneal dialysis, a type of treatment for kidney failure. The catheter is inserted through the abdominal wall and allows a dialysis solution to flow into the peritoneal cavity, the space around your organs. This solution helps filter waste, excess fluid, and toxins from your blood, replacing some of the functions of the kidneys. The catheter stays in place and is used regularly for dialysis treatments at home.

Why do I need it?

Your doctor or healthcare provider may have ordered a peritoneal dialysis catheter for you in order to:

- Treat chronic kidney failure
- Accommodate a home-based dialysis option
- Preserve residual kidney function
- Avoid vascular access, due to preference or known access issues



HOW IS THE PROCEDURE PERFORMED?

Before

For specific questions regarding the clinical need for this procedure, please contact your ordering provider.

Patient Preparation:

You should wear loose-fitting clothing that is easy to change out of. **You will need to arrange for someone to drive you home after you have recovered from the procedure.** One support person (spouse, friend, caregiver, family member) may accompany you on the day of your appointment, but not into the procedure room.

You may have clear fluids up to **four hours** before the procedure. Continue taking your morning medications, **except for blood thinners** (see next page), with a small sip of water.

Please bring a list of the medications you are currently taking and a list of any drug/medication allergies you may have.

Please phone the Diagnostic Imaging booking line at **705-325-2201 ext. 3505** for cancellations or rebooking if you are unable to attend your appointment.

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Bloodwork⁵

Bloodwork is required and must be done within **2 weeks** of your appointment (within 72 hours for inpatients). Your doctor may order:

- INR (must be ≤ 1.8)
- PTT
- CBC (platelets must be $\geq 50 \times 10^9/L$ or greater)

If you take **Warfarin (Coumadin)**, you'll need a new INR drawn the **day before** your procedure.

Important: Missing bloodwork may cause delays or your procedure to be rescheduled.

Blood Thinners / Anticoagulants / Antiplatelets Medications⁵

Stop the listed medications as per the below schedule before your procedure unless instructed otherwise. If unsure, then consult your doctor or healthcare provider about which medications to pause, for how long, when to restart them, and any concerns you may have.

Medications	When to Stop	Restart After
Acova (Argatroban)	2-4 hours	4-6 h
Aggrenox (ASA/dipyridamole)***	3-5 days	Next day
Angiomax (Bivalirudin)	2 hours	4 h
Arixtra (Fondaparinux)	2 days (3 days if eGFR is <50)	24 h
ASA (Aspirin)	Do not stop	N/A
Brilinta (Ticagrelor)***	5 days	Next day
Coumadin (Warfarin)*/**	5 days (recheck INR)	Same day (evening)
Effient (Prasugrel)***	7 days	Next day
Eliquis (Apixaban)**	2 days (3 days if eGFR is <50)	Second day
IV Heparin (unfractionated)**	4 hours (check PTT)	6 h
LMWH (prophylactic): enoxaparin (Lovenox), dalteparin (Fragmin)**	12 hours	Next day
LMWH (therapeutic): enoxaparin (Lovenox), dalteparin (Fragmin)**	24 hours	Next day
Plavix (Clopidogrel)***	5 days	6 h (if 75 mg) 24 h (if 300 mg)
Pradaxa (Dabigatran)**	2 days (3 days if eGFR is <50)	Next day
Savaysa (Edoxaban)	2 days	Next day
Subcutaneous Heparin (unfractionated)**	8 hours (check PTT)	Same day (evening)
Xarelto (Rivaroxaban)**	2 days (3 days if eGFR is <30)	Next day
* Consider bridging with heparin (need admission) for high thrombosis risk cases ** Consider using reversal agent if emergent or STAT *** Consider continuation for arterial procedures including mesenteric, renal, subclavian, and infra-inguinal angioplasty/stent		

Important Notes

- Patients on Warfarin (**Coumadin®**) need an **INR** test the **day before** the procedure.
- Those with **prosthetic valves, prior clots, or stroke-related atrial fibrillation** may need bridging therapy to prevent thrombosis.
- **Do not** stop blood thinners if you have **coronary or brain stents**—consult your doctor first.
- If anticoagulation is stopped, your doctor must provide instructions.
- Applies only to elective procedures, not emergencies.



Diagnostic Imaging – Interventional Radiology

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Coming To The Hospital

Please bring to the hospital your OHIP card and a list of current medications you are taking.

During

The duration of your appointment time will vary from 1 hour – 2 hours.

1. You will change into a hospital gown.
2. A medical radiation and imaging technologist (MRIT) will explain the procedure and answer any questions you have.
3. You will lie on your back on a fluoroscopy table and will be awake for the procedure. You may receive pain medication during the procedure.
4. This is an aseptic procedure; your abdomen will be cleaned using a hospital-approved cleansing agent, and sterile drapes applied.
5. A radiologist will inject a numbing agent, called Lidocaine, at the procedure site. This numbs the area.
6. The radiologist will use ultrasound and x-rays to insert the peritoneal dialysis catheter.
7. A dressing will be applied to the insertion site.
8. You will recover in PACU and review your new catheter with a home dialysis nurse.

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WHAT TO EXPECT AFTER



Recovery & Going Home

You will be sent to the **Post Anesthesia Care Unit (PACU)** to recover from the procedure. During this time, you will review your catheter with a home dialysis nurse. The home dialysis nurse may run a session of dialysis with your new catheter.

You will need someone to drive you home after the procedure. Don't drive for the next 24 hours or while you're taking strong pain medicine. If you were given medication to help you relax or manage pain during the procedure, then you cannot drive for the next 24 hours.



Diet & Activity^{3,4}

- Rest for the remainder of the day
- Have an adult family member, caregiver, or friend stay with you the night after the procedure in case you need help.
- Resume your normal diet, but if you feel nauseous, try bland, low-fat foods like rice, chicken, toast, or yogurt.
- You may resume light activities after 24 hours.
- Avoid lifting anything heavier than 4.5 kilograms (10 pounds) for 3 days.
- Do not participate in sports or strenuous activity.

Please discuss with your home dialysis nurse any activities you should avoid or not participate in after this procedure



Wound Care^{3,4}

- The procedure site will be covered with gauze and tape, leaving part of the peritoneal dialysis catheter sticking for use.
- You may have stitches, surgical glue, or tape on your incision. There might be more than one incision.
- Keep the incision dry and covered for the first 2 weeks or until it heals.
- The dialysis team will change your dressing and flush the catheter as needed. You may be taught how to do this yourself.
- You can wash around the dressing with a washcloth but avoid showers or baths until a home dialysis nurse has taught you how to safely do this.
- Do not submerge the incision in water (baths, pools, lakes) to prevent infection.
- Always wash hands before and after touching the catheter, incision, or bandage.



Bathing

Talk to your dialysis nurse further about bathing techniques.



Medication

- **If your doctor or healthcare provider advised you to stop any medications for this procedure then consult with them first about the safety of when you can start your medications again;**
- Otherwise, resume your normal medication schedule.
- If you **normally** take acetylsalicylic acid (Aspirin™) or another blood thinner medication, ask your doctor or healthcare provider when to start taking it again. Make sure that you understand exactly what they want you to do;
- Otherwise, **do not** take (Aspirin™) or anti-inflammatory medicines (such as ibuprofen) for one **week** after the procedure (for new insertions, only).

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WHEN TO SEEK HELP^{3,4}



Call 911:

If you believe you require emergency care – call 911. Reasons to call 911 include:

- You have passed out (lose consciousness), or become very dizzy, weak, or less alert
- You experience sudden chest pain and shortness of breath; and/or
- You have severe trouble breathing
- Significant bleeding from the puncture site (i.e. bright red blood that won't stop)
- You have a fast or uneven pulse



Call your doctor, healthcare provider, or Health Connect Ontario immediately if you experience:

- Increased pain, swelling, warmth, or redness at the procedure site.
- Redness or warmth around the procedure site or pus or blood draining from the procedure site.
- A fever (more than 100°F / 38°C).
- Chills, with or without fever.
- Bright red blood has soaked through the bandage / dressing over the procedure site.
- You have new or worse pain at the procedure site.
- You are vomiting, or have new or worse nausea and/or vomiting.
- The dialysis fluid looks cloudy or is a different colour.
- Fluid does not flow through the catheter.
- The catheter falls out all the way or part of the way.
- There are breaks, cracks, or leaks in the catheter
- You have any concerns about the catheter
- The dialysis equipment isn't working.

Health Connect Ontario may be reached 24-hours a day, including weekends, by:

- Calling 8-1-1
- Calling 1-866-797-0007 (TTY – teletypewriter service)
- Visiting <https://healthconnectontario.health.gov.on.ca/> and selecting “Chat with us”

BRING THIS INFORMATION PACKAGE WITH YOU SHOULD YOU URGENTLY NEED TO SEE YOUR DOCTOR OR GO TO THE EMERGENCY DEPARTMENT OF YOUR NEAREST HOSPITAL.

Use this material for your information only. It does not replace advice from your doctor or other health care professionals. Do not use this information for diagnosis or treatment. Consult with your health care provider about a specific medical condition.

References:

1. Peritoneal Dialysis. Accessed October 8, 2024. Mayo Clinic. <https://www.mayoclinic.org/tests-procedures/peritoneal-dialysis/about/pac-20384725>
2. Peritoneal Dialysis. Accessed October 8, 2024. Geeky Medics. <https://geekymedics.com/peritoneal-dialysis/>
3. Peritoneal dialysis catheter placement – Discharge instructions (Patient Education - Disease and Procedure). Accessed October 8, 2024. Lexi-Comp Online. <https://online.lexi.com/>
4. Peritoneal Dialysis Catheter Placement: What to Expect at Home. Accessed October 8, 2024. My Alberta Health. <https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?hwid=acl7975>
5. Patel et al. Society of Interventional Radiology Consensus Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions—Part II: Recommendations. JVIR 2019; 30:1168–1184.

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