

Constipation is a waste of time and effort !

The Importance of Colon Cleansing Prior to Peritoneal Dialysis Catheter Placement

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INTRODUCTION

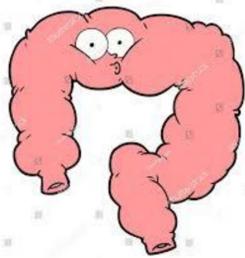
A permanent and reliable peritoneal access route is essential for a successful peritoneal dialysis (PD). An ideal catheter should be bio-compatible with surrounding tissues, provide adequate fluid drainage for prolonged periods of time, and should minimize peritoneal dialysis-related complications such as bacterial migration, peritonitis, and dialysate leak.

FINDINGS

Constipation results from a slowing down of intestinal peristalsis or inadequacy of feces-forming material. Causes of constipation in patients with CRF include psychosomatic diseases, inadequate dialysis efficacy, poor nutrition or physical inactivity.

AIM OF THE STUDY

Constipation may prevent the drainage through bending, squeezing, or disposition of the catheter, with consequent adverse effects on PD therapy. We aimed to measure the incidence of catheter malposition and drainage problems with colon cleansing



METHOD

Tenckhoff trocar and Seldinger methods represent the most frequently utilized percutaneous catheterization techniques. Using the percutaneous technique, catheter placement is better tolerated, allowing a more rapid initiation of PD. In the routine practice, we perform colon cleansing one day before the placement of the percutaneous catheterization. However, inadequate cleansing is a frequent occurrence leading to catheter malposition. Therefore, to achieve a more complete colon emptying, we now initiate a liquid diet 3 days prior to the procedure with the use of laxative one day before it. This has resulted a significant reduction in the incidence of catheter malposition and drainage problems.



CONCLUSION

In 2015, after one day colon cleansing, we observed early stage complications as drainage problems and catheter malpositioning on the first day in 3 patients out of 20, as well as in other 3 on later stage who considered to have not enough colon cleansing.

Percutaneous catheter placement techniques were applied on 10 patients who get PD treatment with a planned 3 day colon cleansing protocol. In none of these 10 patients, any drainage problems or catheter malpositioning was observed.

This new protocol increased the patients sense of coherence and enabled quick start to PD treatment.

Furthermore, this procedure induced cost savings due to reduced hospitalization duration and patient revision.

REFERENCES

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