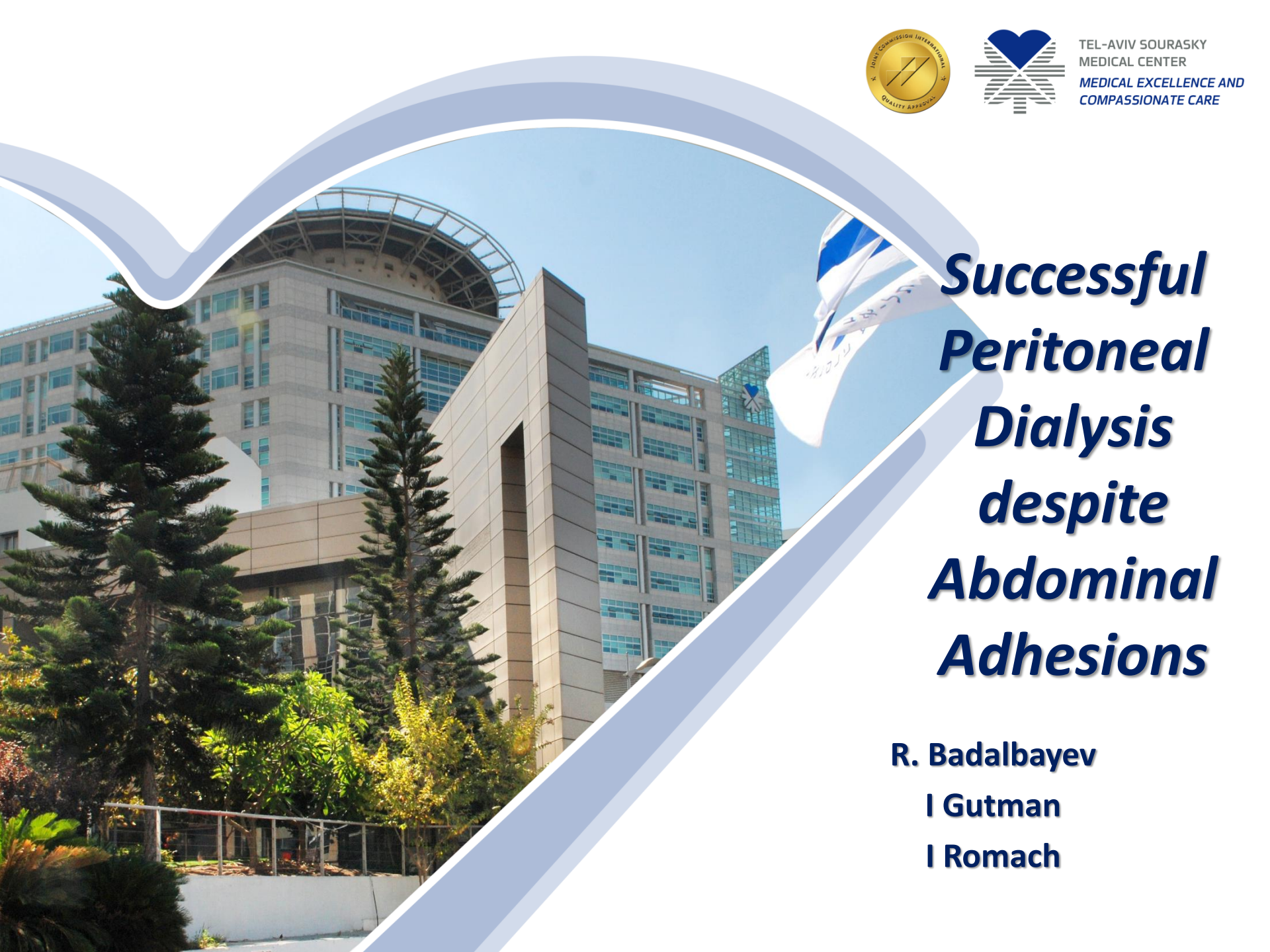




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COMPASSIONATE CARE*



Successful Peritoneal Dialysis despite Abdominal Adhesions

R. Badalbayev

I Gutman

I Romach



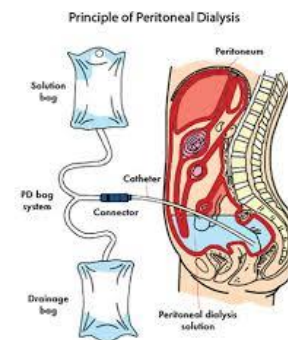
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Introduction

Ideal PD patient:

- ☐ **Significant residual renal function**
- ☐ **Minimal or no abdominal surgery**
- ☐ **Understands instructions and able to communicate**
- ☐ **Sufficient eyesight, manual strength, and dexterity**
- ☐ **Suitable environment to store supplies and perform exchanges**



James L Pirkle, Jr, MD. Evaluating patients for chronic peritoneal dialysis and selection of modality. UpToDate. Feb 15, 2019





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Case presentation (1)

- ☐ **K.E Married + 3, mentally clear, independent ADL**

Diagnosis

- ☐ **Insulin depended Diabetes Mellitus (1990)**
- ☐ **Abdominal adhesions due to Perforated Appendectomy (1985)**
- ☐ **Lower Urinary Tract Symptoms (LUTS)**
- ☐ **Nephrolithiasis (Primary Hyperparathyroidism)**
- ☐ **Parathyroidectomy (Adenoma) (1989)**
- ☐ **Extracorporeal Shock Wave Lithotripsy (ESWL) (2007)**
- ☐ **Parenchymal Lt. Kidney (2007)**
- ☐ **Bilateral Cataract operation (2013)**
- ☐ **Small right inguinal Hernia**



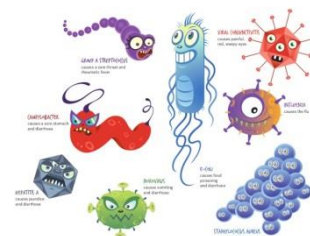


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Case presentation (2)

- ☐ **23.06.2015 Catheter Insertion + adhesiolysis**
- ☐ **20.9.15 ES infection (MSSA)**
- ☐ **31.1.16 ES infection (Pseudomonas)**
- ☐ **22.3.16 ES infection (Pseudomonas)**
- ☐ **10.4.16 ES infection (Pseudomonas)**
- ☐ **8.5.16 Local infection in Ultra Sound ➡**
19.5.16 cuff shaving





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Case presentation (3)

- ☐ January 2017 ES infection, PD catheter out.
- ☐ End of January 2017: slow deterioration in general health: weight loss, Kt/V – 1.36, NO to colonoscopy, NO to dietitian
- ☐ Feb 2017 – decrease in dialysis adequacy and the patient started Hemodialysis



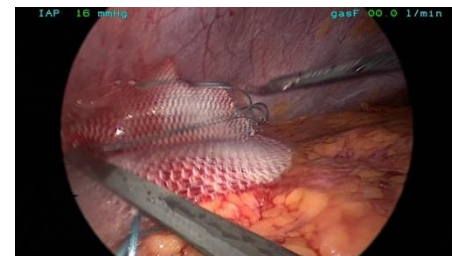


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Case presentation (4)

- ☐ **4.4.17 PD Catheter Insertion + RIH repair**
- ☐ **13.4.17 patient did not come to post operative check**
- ☐ **18.4.17 outflow obstruction, infectious ES Nasal S
AUREUS – antibiotics**
- ☐ **30.4.17 leak in the external set**





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Case presentation (5)

- ☐ February 2017 Return of RIH, Omental adhesions
around catheter, puss around end of catheter
- ☐ 4.4.17 catheter replacement + Adhesiolysis
- ☐ 25.7 catheter kink, no outflow





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Case presentation (6)

☐ **29.8.17 Catheter replacement**

☐ **13.9.17 catheter out**

☐ **Hemodialysis**





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Discussion

- ☐ **Patient's wishes and quality of life were the main components when planning the dialysis treatment**
- ☐ **The main problem was noncompliance to proper aseptic technique**
- ☐ **PD adequacy and other health marks were normal during 1.5 years of PD treatment, although the patient suffered from repeated ES infections**
- ☐ **Repetitive guidance was done in each follow-up by the physician and the PD nurse**
- ☐ **To save the catheter we tried all the known treatments**
- ☐ **Once the first catheter was out, the peritoneal conditions enabled the PD treatment**



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Reflections

- **Were we right to implement three more catheters?**
- **Can we disqualify a patient from a treatment in advance? Do we have the tools to diagnose noncompliance?**





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Conclusions

- ☐ Adhesions and prior abdominal surgery should not immediately exclude a patient from PD
- ☐ Non compliance to Aseptic self-treatment can disrupt PD treatment
- ☐ Eventually, after starting HD, the patient understood the mistake he made. Unfortunately, there was no return

CONCLUSION





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Thank
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