

Catheter Insertion and Care: Postoperative Management



- **Postoperative care includes:**
 - Immobilization of the catheter to prevent exit-site and cuff trauma.
 - Minimizing bacterial exposure and colonization.¹
- Implantation should be timed to allow two weeks for healing prior to the initiation of dialysis.²
- Postoperative assessment and dressing should be changed weekly by experienced PD nursing staff only using aseptic technique with mask and gloves until healed.²



Key Assessments



Assess exit-site and surgical wound for



Bleeding, drainage, or leakage.



Pain or tenderness on palpation.



Key Activities



- Apply a non-occlusive gauze surgical dressing to immobilize the catheter, absorb drainage, and prevent trauma and contamination of the exit site.³
- Surgical or exit-site dressing should not be changed for 5–10 days unless there is obvious bleeding or signs of infection.^{1,4}
- Clean with nonirritating solution (i.e. nonionic surfactant, normal saline, or chlorhexidine).^{1,5}
- Perform postoperative catheter flushing with dialysate or saline solution where necessary as per hospital protocol.³



Patient Education



- Maintain clean and dry dressing to protect from gross contamination and wetness.²
- Immobilize catheter.²
- Practice meticulous hand hygiene.⁶
- Avoid shower or bath until healed.^{1,5}
- Limit strenuous physical activities, including heavy lifting, to minimize the risk of peritoneal leaks.³
- Notify PD unit in case of blood or other drainage, pain, or tenderness, trauma to abdomen.
- Restrict dressing changes following implantation to experienced PD registered nurse.³
- Return to clinic for follow up as instructed by the PD nurse.

References:

1. Prowant BF, Twardowski ZJ. Recommendations for exit site care. *Perit Dial Int.* 1996;16(3):S94S99.
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3. Crabtree JH, Shrestha BM, Chow KM, et al. Creating and maintaining optimal peritoneal dialysis access in the adult patient: 2019 update. *Perit Dial Int.* 2019;39(5):414–436.
4. Figueiredo A, Goh BL, Jenkins S, et al. Clinical practice guidelines for peritoneal access. *Perit Dial Int.* 2010;30(4):424–429.
5. Piraino B, Bailie G, Bernardini J, et al. Peritoneal dialysis-related infections recommendations: 2005 update. *Perit Dial Int.* 2005;25(2):107–131.
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