**POST OPERATIVE INSTRUCTIONS: PERITONEAL DIALYSIS CATHETER PLACEMENTS**

**Bloating:** After laparoscopy it is very common to feel bloated from the gas used to inflate the abdomen. This should dissipate after 72 hours, but can last up to 1 week or more. The best treatment for this is to have daily bowel movements. Foods high in fiber such as prunes can help. Continuing with over the counter laxatives such as miralax, or senekot can help if constipation lasts for more than two days.

**Pain:** You will be prescribed a mild narcotic pain medication. Typically the pain after surgery is highest for the first 48 hours so take the pain medication liberally. After 48 hours, if possible, transition to non-narcotics such as Tylenol if not contraindicated by your Nephrologist.

**Postoperative pain control:**

Alternate Tylenol 650mg with Narcotics every 3 hours

For example:

Noon - Tylenol

3pm - Narcotic

6pm Tylenol

9pm - Narcotic

**Make sure you take Miralax with each dose of the narcotic pain medications.**

**Diet:**

You may eat and drink whatever is comfortable for you. There are no dietary restrictions.

**Lifting Restrictions:** There are no specific lifting restrictions after this surgery other than pain. If you are still having pain from the surgery, do not engage in any heavy lifting or exercise until the pain is completely gone. Once the pain is completely gone, you may resume all normal activities.

**Driving Restrictions**: You may drive once off all narcotic pain medications.

**Work Restrictions**: You may not work for at least 1 week after surgery.

**Catheter Care**

1) Leave dressing in place for 7 days until changed by home dialysis nurse. If the dressing becomes dislodged or dirty before the dressing change, wash your hands with soap and water. Gently remove the dressing and apply a triple antibiotic ointment such as Neosporin to your catheter exit site. Replace the dressing with clean gauze and tape the catheter into place. If there are any issues please contact the home dialysis nurse.

2) Please keep the catheter exit site dry. Avoid showers for the first 2 weeks. If water comes in contact with the dressing, remove it and pat it dry with a clean gauze. Replace the dressing with the instructions listed above.

3) **The catheter will require flushing 7 days after surgery, please contact the dialysis center to have that arranged.**

4) Two weeks after surgery you may use your new peritoneal dialysis catheter fully. If a hernia repair is performed at the same time, wait a total of 4 weeks before using it.

**Problems You May Encounter**

1) Catheter does not flush– Ensure that constipation is not the issue, you should have bowel movements daily. If the bowel is enlarged due to stool, this can prevent the catheter from working properly. If you are unable to flush the catheter, try placing 30 cc dialysate solution using a 30 cc syringe directly into the catheter to attempt to remove any debris or clot. If this fails you may require surgery to remove any debris, clot, or material within the catheter.

2) Catheter does not empty properly – Ensure that constipation is not the issue, daily bowel movements are required. Occasionally adjusting positions such as standing up, lying down with head down and feet up or on the side can help the catheter empty properly. If this fails to work, try flushing and drawing back 30 cc of dialysate to remove any material that may be stuck in the catheter. If this fails, you may require surgery to remove and debris or clot within the catheter.

3) Leakage from incisions or around catheter – This can occur from using the catheter too early or too large a volume. Therefore, it is advisable to hold off or decrease the amount of dialysate for several more weeks.

4) Hernias – If you notice a bulge at one of the laparoscopic incisions that can be the first sign of a hernia.

5) Infection – Redness, fever, and pain at the catheter site can be an indicator of infection. Antibiotics will be prescribed to treat any infection. If the infection continues, this may ultimately require removal of the catheter.

6) Cuff migration – Rarely does one of the cotton cuffs attached to the catheter migrate out the skin site. If this occurs, the catheter must be replaced.