

Day Surgery Peritoneal Dialysis Catheter Insertion

Check in at the hospital 2 hours before your surgery.

Bring this guide to all of your appointments.

This guide belongs to:

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Day Surgery Peritoneal Dialysis Catheter Insertion

This guide will help you and your family through your peritoneal dialysis (PD) catheter insertion. It will tell you about the care you will get and how you can help yourself before and after your surgery.

Please read this guide. Please ask your family to read this guide too. There is space at the back of the guide to make notes or write down your questions. **Bring this guide to all of your appointments and to the hospital on the day of your surgery.**

Many people will help with your care. You and your family are the most important members of your health care team. Other team members may include: your surgeon, resident surgeons, nurses in the Renal (kidney) Program, Renal Access Clinic, Pre-Admission Clinic, Same Day Surgery, and Peritoneal (Home) Dialysis Unit staff, the anesthetist (doctor who gives you medicine to put you to sleep before surgery), staff from the Continuing Care branch of Home Care, and clerical staff.

Because so many people are involved in your care, things may seem a bit confusing. If you have any questions about your care, please call the peritoneal dialysis nurse coordinator at _____ .

What are your questions?

Please ask. We are here to help you.

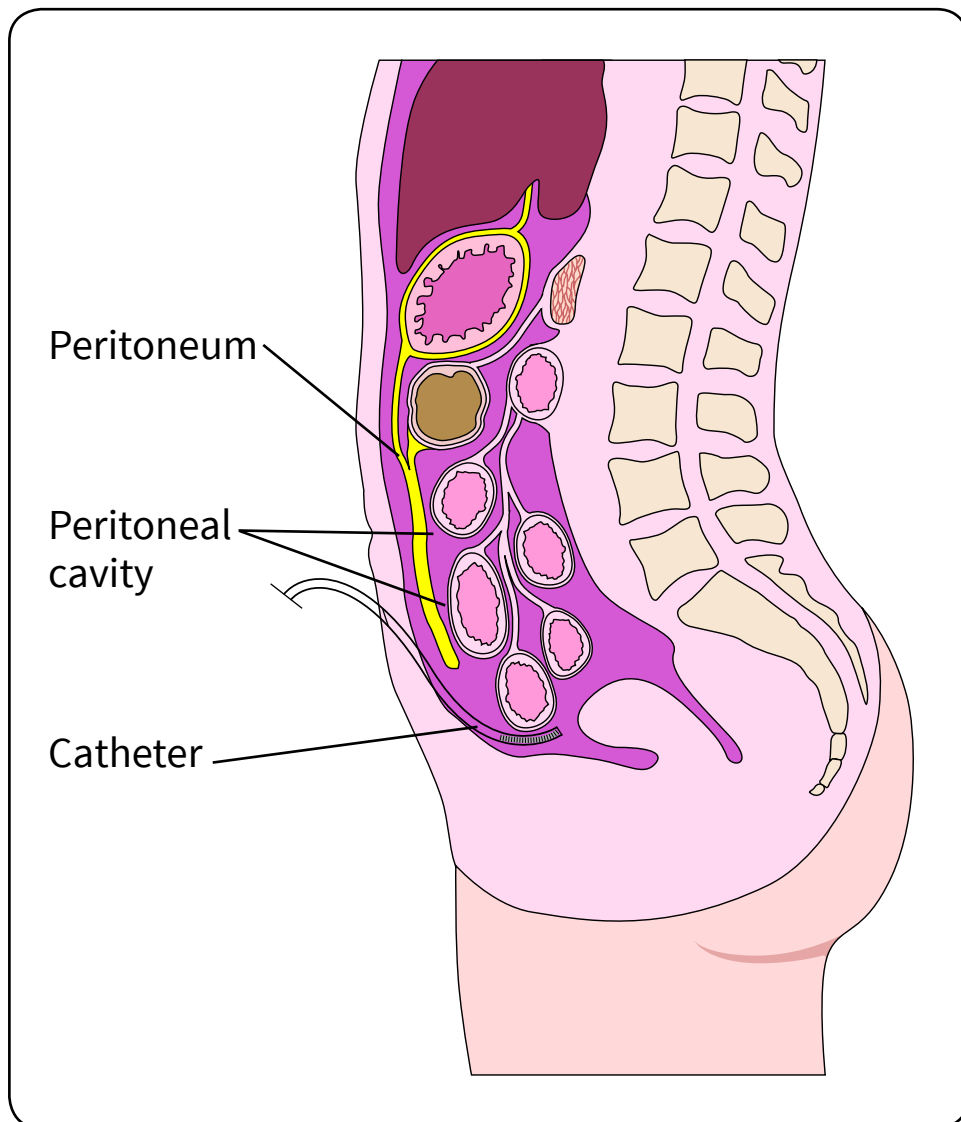
What is day surgery?

A day surgery patient:

- Comes to the hospital on the day of their surgery,
- Has surgery in the operating room (OR), and
- Goes home after surgery.

What is peritoneal dialysis (PD) catheter insertion?

A PD catheter is a small tube that can bend. You will have surgery to put the catheter in your belly. The catheter will be used for your dialysis.



Your appointments

Pre-Admission Clinic

Your appointment at the Pre-Admission Clinic is on:

Date: _____ Time: _____

Location: _____

Peritoneal dialysis catheter exit site marking (if needed)

Your peritoneal dialysis catheter exit site marking appointment is on:

Date: _____ Time: _____

Location: _____

Surgery

Your surgery is on:

Date: _____ Time: _____

Location: _____

Your surgeon's name is: _____

Phone numbers

Surgeon's office: _____

Nurse: _____

Pre-Admission Clinic: _____

If you can't keep your appointment for pre-operative testing, please call:

Other numbers:

The week before surgery

Getting your bowels ready for surgery

One week before your surgery, start getting your bowels ready for surgery. It is important to have good bowel movements (poops) so that your bowel is cleaned out before your surgery. Your nurse will give you prescriptions for the bowel medicines you will need to take. During the week before your surgery, you should take:

- › Senokot®: one tablet twice a day
- › Other: _____
- If your bowels are not moving well by day 4, take lactulose: 30 ml twice a day. You should also keep taking Senokot®.
- If your bowels are not moving well (1-2 soft bowel movements each day) by day 5, call your nurse at: _____.
- You will also be given a prescription for a topical cream (antibiotic) for your dressing changes after surgery.

Stop taking these medicines one week before your surgery:

Before surgery

Before your surgery, staff will give you education to help you get ready. Clinic staff will meet with you to help you get ready for your surgery.

- Staff will call you to book an appointment for a nursing review about 1-2 weeks before your surgery. An anesthetist will also see you. You may need to have tests done, such as blood work, an EKG, or a chest X-ray.
- Your visit will last between 2-4 hours.

You should bring:

- all of your medicines, in their original containers – **this is very important**
- your provincial health card
- your private health insurance card, if you have one
- something to help pass the time, like a book or magazine
- a family member or friend, if you wish – this person may be someone who will be at home with you after your surgery, or someone who will help with your care

Getting ready for surgery

- If you are having a general anesthetic, you will have medication to put you to sleep during surgery.
- If you are having a regional anesthetic (part of your body will be frozen during surgery), you will be given medication to help you relax before the area is frozen.

If you are having an anesthetic:

- Do not eat any solid food after midnight the night before your surgery.
- If your surgery is before 11 a.m., do not drink any liquids after midnight the night before your surgery.
- If your surgery is after 11 a.m., you may drink up to 8 ounces (1 cup) of clear liquids before 7 a.m. Examples of clear liquids are: water, apple or cranberry juice, clear tea, or coffee (without milk or cream). Do not drink milk or orange juice. You must not drink anything after 7 a.m.
- Please check in at the hospital 2 hours before your surgery.
- You may take your medicines as usual with sips of water. If you have diabetes, you will need to find out if you should take your diabetes medicine. Please make sure that you talk about this with the Pre-Admission Clinic nurse or your surgeon.

Health and hygiene

- Call your surgeon's office before coming to the hospital if you have a fever, a cold, or signs of the flu.
- Get a good night's sleep before surgery.
- Take a full bath or shower and shampoo your hair the night before or the morning of your surgery.
- Nova Scotia Health Authority is scent-free for all patients, visitors, and staff. Do not use scented products.
- Keep your PD exit site marking covered (if done).

Medicines

- Follow the advice you were given at your pre-surgery visit or by your surgeon about taking your medicines.
- **Tell your surgeon at least one week before your surgery if you are taking Aspirin® (ASA) or blood thinners.** You may need to stop taking these medicines before your surgery.
- **If you take medicines, please bring them with you in their original containers. Tell the nurse that you have your medicines with you.**
- Tell your surgeon if you are taking any over-the-counter medicines or herbal products.

Smoking

- Do not smoke after your evening meal the night before surgery. Smoking slows down healing.
- Smoking can cause more fluid to build up in your lungs, and you could have trouble with your breathing.

Food and drink

- Eat at least 3 good meals the day before surgery and have a bedtime snack (before midnight). Healthy eating helps you heal faster.
- Do not drink alcohol for 48 hours (2 days) before your surgery.
- Do not drink alcohol while taking pain medication.

Dentures

- You may wear your dentures to the hospital.
- Just before you go to the OR, you will take out your dentures and put them in a denture cup until after surgery.
- If you have permanent bridges, caps, or crowns that can't be taken out, or loose teeth, please tell the nurse.

Glasses/contact lenses

- Bring a case to keep your glasses in when they are not being used.
- We will take your glasses just before you go to the OR. You will get them back in the post-recovery area.
- If you have contact lenses, it is best to wear your glasses on the day of your surgery. If this is not possible, bring your lens case and cleaning solutions. Be sure to tell your nurse that you are wearing contact lenses. They must be taken out before you go to the OR.

Hearing aids

- If you wear a hearing aid(s), bring it and a storage case with you.
- Depending on how much hearing loss you have, you may be able to wear it to the OR. It will be returned to you in the post-recovery area after your surgery.

Valuables

- Leave all valuables (e.g., jewelry, money, credit cards, cheque books) at home. **The hospital is not responsible for lost items.**
- All jewelry, including toe rings, must be taken out at home. Any item used to pierce a body part, such as the nose, belly button, tongue, or ear, must be taken out.

The day of surgery

On the day of your surgery, please come to the Same Day Surgery Unit:

Location: _____

Please bring your:

- hospital card
 - provincial health card
 - medicines in their original containers**
 - comfortable clothing, such as a sweatsuit and sneakers, to wear home – anything that fits tightly may cause pain on your incision (cut)
 - any walking aids (e.g., crutches, canes, braces) that you have been told you will need
 - you must have someone to drive you or take a taxi home with you
- A nurse will talk with you about the details of your surgery.
 - You will be asked to put on a johnny shirt, a dressing gown, and slippers.
 - Your clothes and other belongings will be put in a locker.
 - You will have a wait before going to the OR. The nurse will talk with you about any questions or concerns you have and review any part of this guide that you wish to or have questions about.
 - Just before leaving for the OR, you will be asked to remove your dentures and glasses. All jewelry, rings, studs, and chains should have been left at home.

The Operating Room (OR)

- An OR staff member will take you to the OR.
- A nurse will greet you and ask you some questions to meet patient safety standards.
- OR staff will be dressed in masks, caps, and special green clothing to make sure the operating area is kept clean.
- We keep the OR cool. We will give you a warm blanket.
- The staff will help you move to an OR bed. A belt, like a seatbelt, will go around you to make sure you stay safe.
- You will have an intravenous (IV) started before you go to sleep.
- Three white disks will be placed on your chest and shoulder. This lets the anesthetist check your heart rate while you are asleep.
- A larger pad may be placed on your leg, back, or shoulder if needed. This is a grounding pad, and is used to keep you safe.
- A clothespin-like tool called an oximeter probe may be put on your finger. It helps the anesthetist measure your oxygen levels during surgery.
- Your surgeon and anesthetist will talk with you just before the anesthesia is given and you go to sleep.

Waiting room

We have a waiting area for your family member or friend to stay in while you are in surgery and in the recovery area.

After surgery

- Your surgery will take about 1 hour. After surgery, we will take you to a special recovery area while your anesthetic wears off. The nurses in the recovery area will often check your:
 - › blood pressure and pulse
 - › breathing
 - › intravenous (IV)
 - › dressings
- They will also ask you about your pain and give you medicine as needed.
- You may be sleepy, your mouth may be dry, and there may be a small plastic tube in your mouth to help you with your breathing. You may be given oxygen for a short time.
- You may still have the disks on your chest and shoulder to check your heart rate. The clothespin-like tool may still be on your finger to measure your oxygen levels.
- There may be a small amount of drainage (liquid) on your dressings. This is normal. Your nurse will be checking your dressings and will call the surgeon if needed.
- When you are more awake and pain-free, we will take you to the post-recovery area, where you will get ready to go home.

Post-recovery area

- We will go over guidelines about your care at home and answer any questions you have.
- Your nurse will talk with you about your surgeon's guidelines for after surgery. Some of these guidelines will include what type of activities you will be able to do when you return home (e.g., housework, lifting, driving), dates and times for followup visits, and medicines, if needed.
- You will change into your own clothing.

Getting ready to go home

After any anesthetic or intravenous (IV) sedation:

For 24 hours, DO NOT:

- › work with heavy machinery
- › make important decisions
- › sign legal papers
- › drive a car
- › drink alcohol

- You must have someone drive you home. After surgery, you will not be able to drive.
 - If you are taking a taxi, a family member or friend must go with you. When you are ready to leave the hospital, staff will call this person. You will not be able to walk home or take a bus.
 - You must have a responsible adult stay with you for 24 hours after your surgery.
 - If you have small children, plan to have someone help you for a few days, if needed.
 - Stop taking these medicines for 1 week after your surgery:
-
-
-

If you have any of the following, go to the nearest Emergency Department:

- › your dressing is unusually bloody or wet
- › fever and/or chills
- › very bad stomach pain

Deep breathing and coughing exercises

You will be asked to do deep breathing and coughing exercises when you are home. These exercises help keep your lungs clear and make your breathing easier. The best time to do these exercises is about 20 minutes after you take your pain medicine. When doing these exercises, hold a pillow over any belly incisions. This will help support your incision and ease any pain.

1. Take a deep breath in through your nose.
2. Hold your breath for 2 to 3 seconds by counting 1, 2, 3 in your head.
3. Blow the air out through your mouth.
4. Repeat breathing in and out 6 or 7 times.
5. On your last breath in, hold it for a second and firmly cough. If you cough up any phlegm (mucus), repeat the exercise.

Foot and leg exercises

Exercising your feet and legs helps the blood to move around your body better **Don't do these exercises if your surgeon tells you not to.** Try not to stay in bed for long periods of time without moving your legs and feet. Try to do these exercises 5 times or more every hour.

1. Point your toes down towards the floor, then relax your foot. Then point your toes upward to the ceiling, then relax.
2. Make circles with both ankles going to the right. Repeat the same going to the left. Relax.
3. Bend your knees up and down.

Activity

- You may feel sore, but don't let that stop you from doing things for yourself. Each day, you will feel like doing more.
- To move from a lying position in bed to a sitting position:
 - › roll on your side and swing your feet over the side of the bed
 - › push on the bed with your hand to lift yourself into a sitting position
- Walking soon after surgery also helps the blood to move around your body better. Walk as much as you can, but check with your surgeon first.

Care of your incision/exit site

- Your first dressing will be left on for 7 days. This will give the PD exit site time to heal.
- If your dressing gets really wet or is falling off, call your nurse. They will plan to have your dressing changed as soon as possible.
- Your dressing will be changed every 7 days for about 6-8 weeks. After this time, you may be taught how to do the “shower technique” and change your dressing yourself.

Make sure to:

- › keep your dressing dry
- › wash your hands before you touch your dressing
- › check your dressing every day to make sure it is dry and not falling off
- › bend at the knees when you pick anything up
- › hold your tummy when you cough

Call your nurse if:

- › your dressing falls off
- › your dressing feels wet or is sore underneath
- › you have a fever, chills, or pain in your belly

- Take your laxative and stool softeners regularly (so you won't have trouble with going to the bathroom).

DO NOT:

- › get your dressing wet
- › soak in a bathtub
- › shower or swim until your nurse or doctor says it's OK
- › wear tight clothing (e.g., belts, tight elastic waists, tight jeans)
- › lift anything over 20 pounds (e.g., laundry, groceries)
- › chop wood, shovel snow, vacuum, or scrub floors/tubs, etc.
- › overextend your reach (such as reaching up into a high cupboard)
- › become constipated (not able to poop) or strain when you have a bowel movement

Keeping your bowels regular after surgery

Your bowel movements must be soft and regular if your catheter is to work well for peritoneal dialysis. Paying attention to your bathroom habits will help you.

Follow this routine:

Each day:

To keep your bowel movements soft, take Senokot® (1-2 pills in the morning and 1-2 pills in the evening).

Other: _____

Day 2 without a bowel movement:

Take lactulose (30-60 ml in the morning and 30-60 ml in the evening), along with Senokot® (1-2 pills in the morning and 1-2 pills in the evening).

Other: _____

Day 3 without a bowel movement:

Take lactulose (30-60 ml every hour) until you have a bowel movement. Keep taking Senokot® as above.

Other: _____

If you are still constipated after 4 days, call your primary health care provider for instructions.

Peritoneal dialysis teaching

- Teaching takes about 5 days. You will work with one Home Dialysis nurse as you learn to do your own peritoneal dialysis exchanges.
- The nurse will start by explaining the steps for peritoneal dialysis.
- You will then practice until your nurse feels you are able to do dialysis safely on your own. You will not be on your own until your nurse feels you are ready.
- You will be given a peritoneal dialysis guide to keep. It has written directions for all of the steps. This guide will help you when doing your own dialysis at home.

Supplies

Supplies for peritoneal dialysis will be sent to your home every month for free. You will be taught how to order your monthly supplies. You will be asked to buy your own heating pad and scissors. The company will contact you one week before the supplies are sent to ask what you need. These supplies are given to everyone who does peritoneal dialysis.

Followup

When your peritoneal dialysis teaching is finished, one of the kidney doctors will follow up on your care. You will go back to the Dialysis Unit/Clinic in about one month for a check-up. Your one-month check-up will take about 4-5 hours. The nurse will go over all of the PD procedures with you to make sure you are doing them right. The nurse may also teach you how to do the “shower technique” with dressing change for your PD catheter. You will also see the doctor. If your kidney doctor feels you are doing well, your check-ups will be every 3 months.

Continuing Care Coordinator

- Before your surgery, the Continuing Care Coordinator will call you to talk about taking care of your peritoneal dialysis catheter dressing when you go home.
- Once you are back home, a Home Care Nurse will visit every 7 days to change your dressing.
- During the week after your surgery, more dressing supplies will be delivered to your home. The Home Care Nurse will also take out your staples (if you have them) about 10-14 days after your surgery.

Patients having PD Catheter insertion in Sydney only:

Where will I stay during my peritoneal dialysis teaching?

- If you live a distance from Sydney, the Renal Clinic staff will talk with you about where to stay.
- Each day of training you will get a **meal voucher** for the hospital cafeteria.
- On the first day of your peritoneal dialysis teaching sessions, please come to the Renal Clinic at the time directed by your nurse.

The Sydney Renal Clinic for Dialysis Training

- The Renal Clinic is at the Cape Breton Regional Hospital site. The Clinic is open Monday to Friday, 7:30 a.m.-3:30 p.m. After these hours and on weekends, there is a nurse on call for emergency dialysis issues.
- The nurses in the Renal Clinic teach patients (and their families) how to do their own peritoneal dialysis treatments at home.
- Please call the Renal Clinic during open hours if you have any questions or concerns and ask for the HomeDialysis Nurse.
 - › Phone: 1-902-567-8067

Patients having PD Catheter insertion in Halifax only:

- If you live more than 50 km from the hospital where your surgery will be done, you will need to stay in Halifax overnight for the first night after your surgery. You and one **essential escort** can be booked to stay at Point Pleasant Lodge.
- **To make sure your room is held for you, you must call Point Pleasant Lodge at 902-421-1599 before 10 a.m. on the day you plan to arrive.**

Where will I stay during my peritoneal dialysis teaching?

- If you live more than 50 km from Halifax, the Home Dialysis Unit clerk will book **one room** for you and an essential escort at Point Pleasant Lodge. You will be booked into the Lodge for the night before your first peritoneal dialysis session.
- **To make sure your room is held for you, you must call Point Pleasant Lodge at 902-421-1599 before 10 a.m. on the day you plan to arrive.**
- Each of you will get **\$10 per day** towards the cost of meals. The Home Dialysis Unit will give you a bagged lunch on your teaching days. If you need to have hemodialysis, the appointment time will be arranged for you by your nurse.
- On the first day of your peritoneal dialysis teaching sessions, please come to the Home Dialysis Unit at _____ a.m.

The Home Dialysis Unit

- The Home Dialysis Unit is at the Victoria General Hospital site of the QEII Health Sciences Centre.
- It is open Monday to Friday, 7:30 a.m.-3:30 p.m. After these hours and on weekends, there is a nurse on call.
- The nurses in the Home Dialysis Unit teach patients (and their families) how to do their own peritoneal dialysis treatments at home.
- Please call the Home Dialysis Unit if you have any questions or concerns and ask for the Home Dialysis Nurse.
 - › Phone: (toll-free) 1-800-268-8646

