# *Percutaneous Peritoneal Dialysis Catheter Insertion*

Mohamed Ali Sheta, MD, FASN, FASDIN

Houston Kidney Specialists



# Disclosure :

- Merit Medical
- Venova Medical
- Evolve Medical

# *Pre-operative Care*

- Nurse call (Instructions)
- Preoperative assessment: History and Physical (Dominant hand, abdominal surgeries, Hernia, belt line, laterality)
- Restroom to empty the bladder.

- I DID NOT stop Anticoagulation.
- I DID NOT ask of cardiac clearance.

## How do I get ready for My procedure?

**Pick up the bowel prep from the pharmacy**







**One day before the procedure**

**Early in the morning:**
1) Put 8 caps of Mira-lax in 2000ml (2L).
2) Shake well and chill before drinking.
3) Drink over 4-6 hours.

**At bedtime:**
Take 2 tablets of Senokot Orally.

**The DAY of your procedure**

1)Wear loose fitting clothing.
2)Take all your medications with a small sip of water.
3)If your appointment is in the afternoon, you may have breakfast in the morning before 8 AM.
4)Bring all your medications with you to your appointment.
5) Ask a family member/friend to drive you.

# *Steps:*

I) Abdominal wall mapping ( Entry point- sliding test- IEA-  Direction-laterality)

II) *Rectus muscle tunneling*

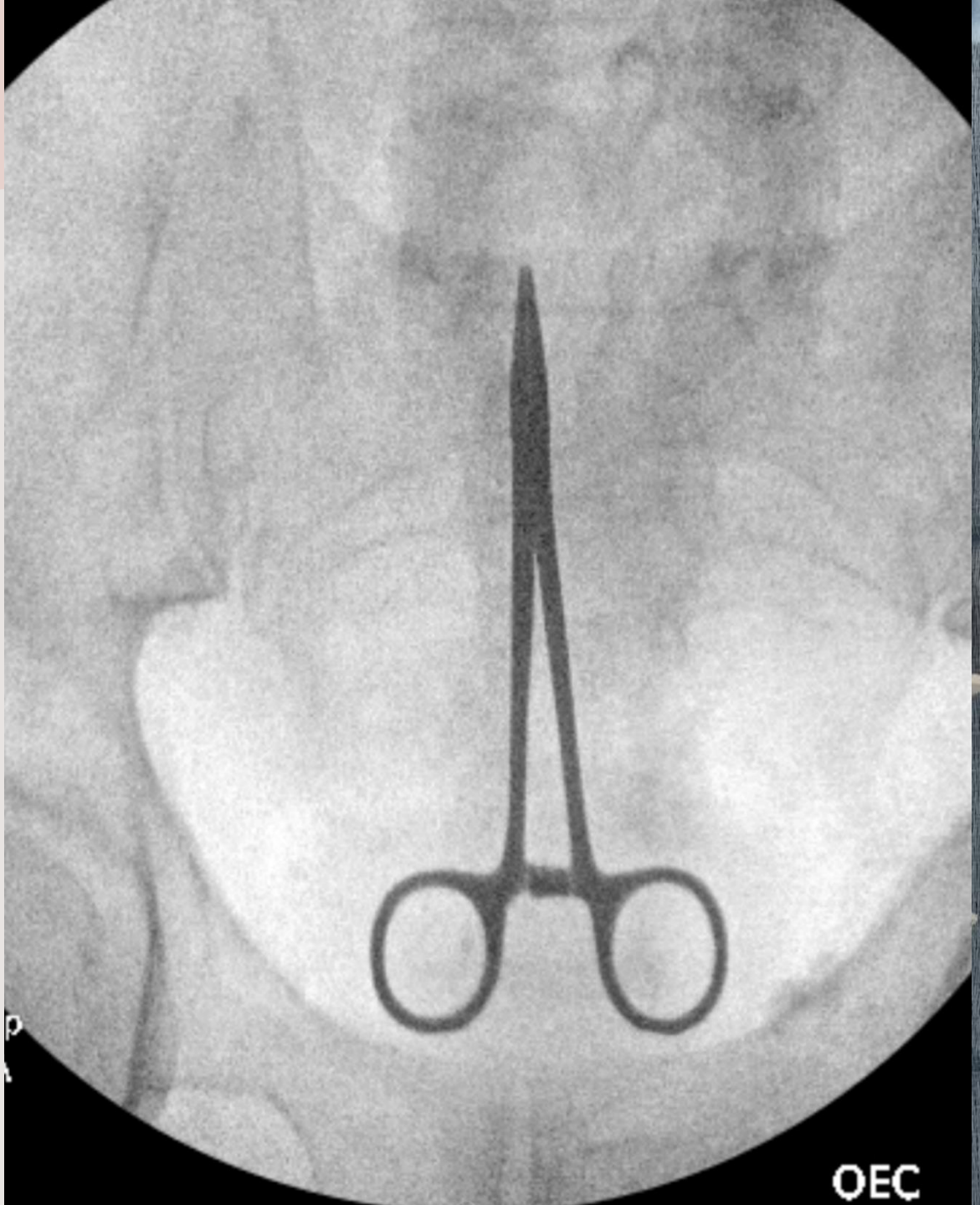
III) *"PD gram"*

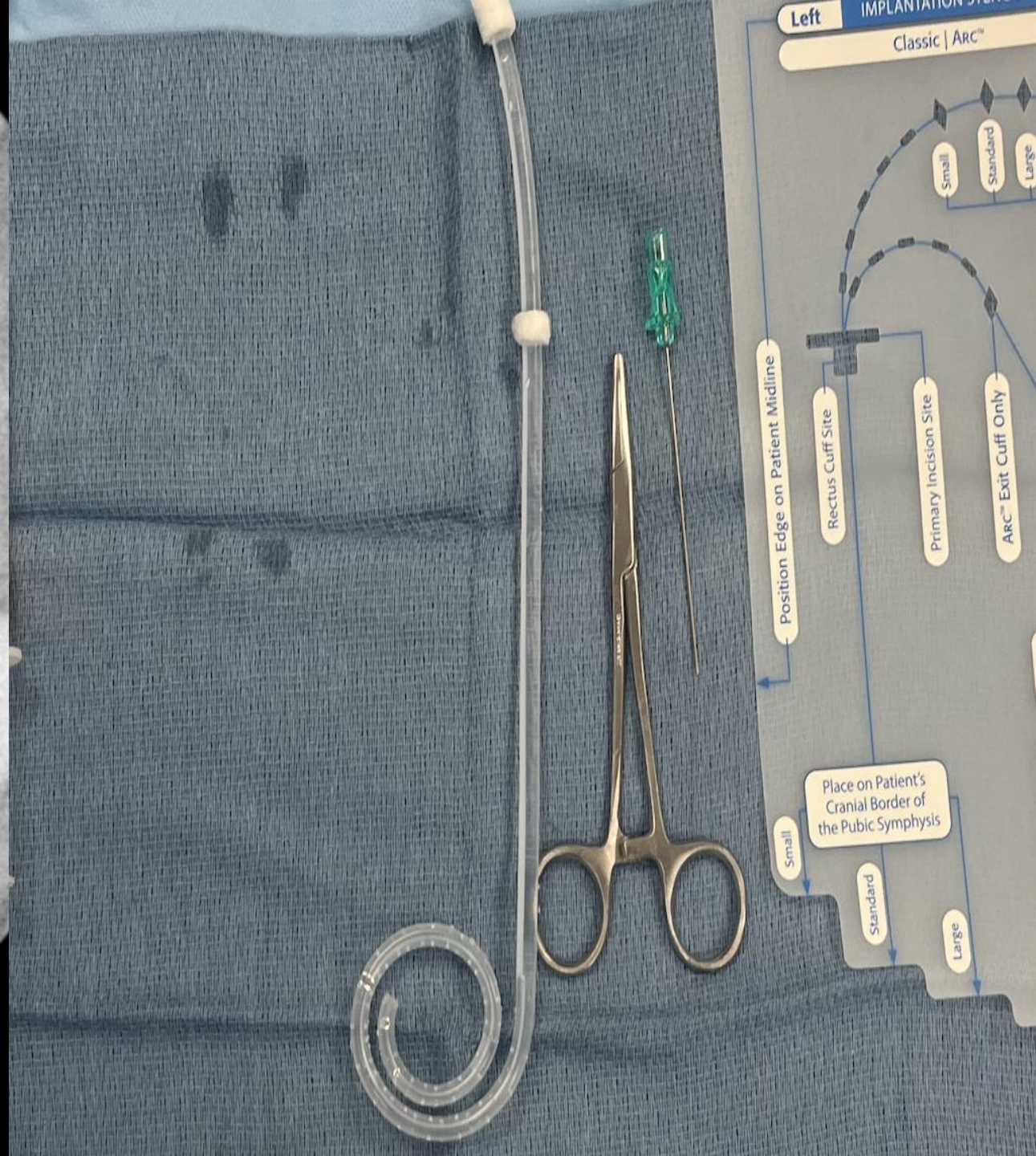
*IV) 200-300 cc saline injection*

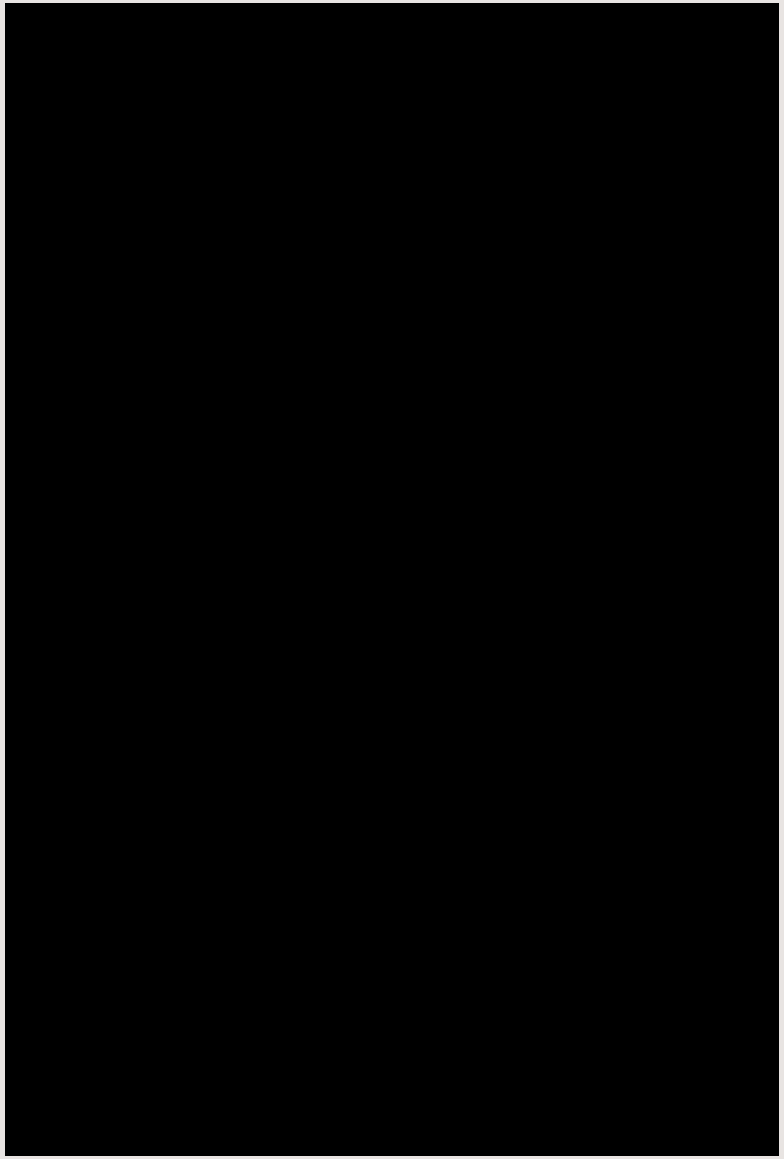
*V) Seldinger`s Technique*

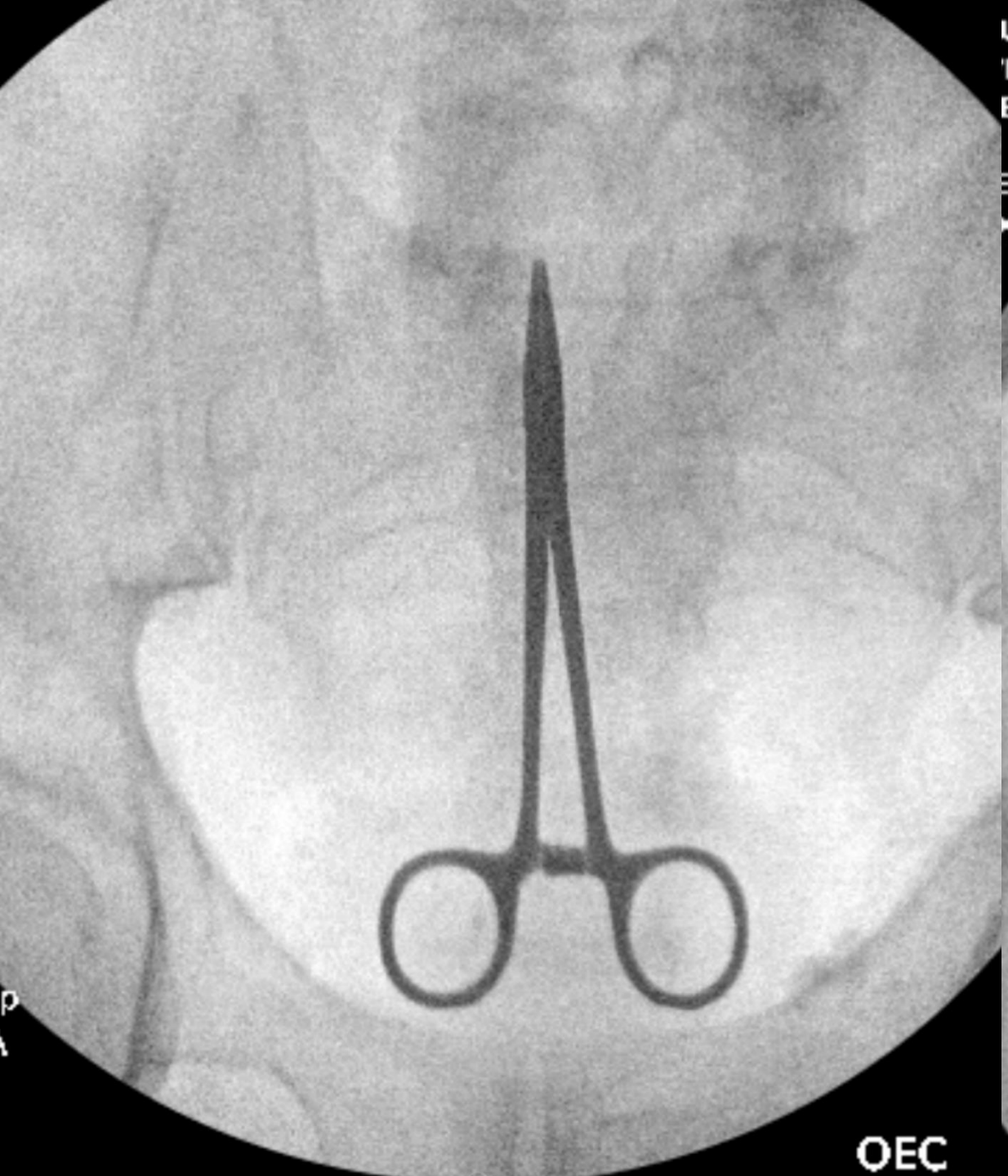
*VI) Retrograde tunneling*

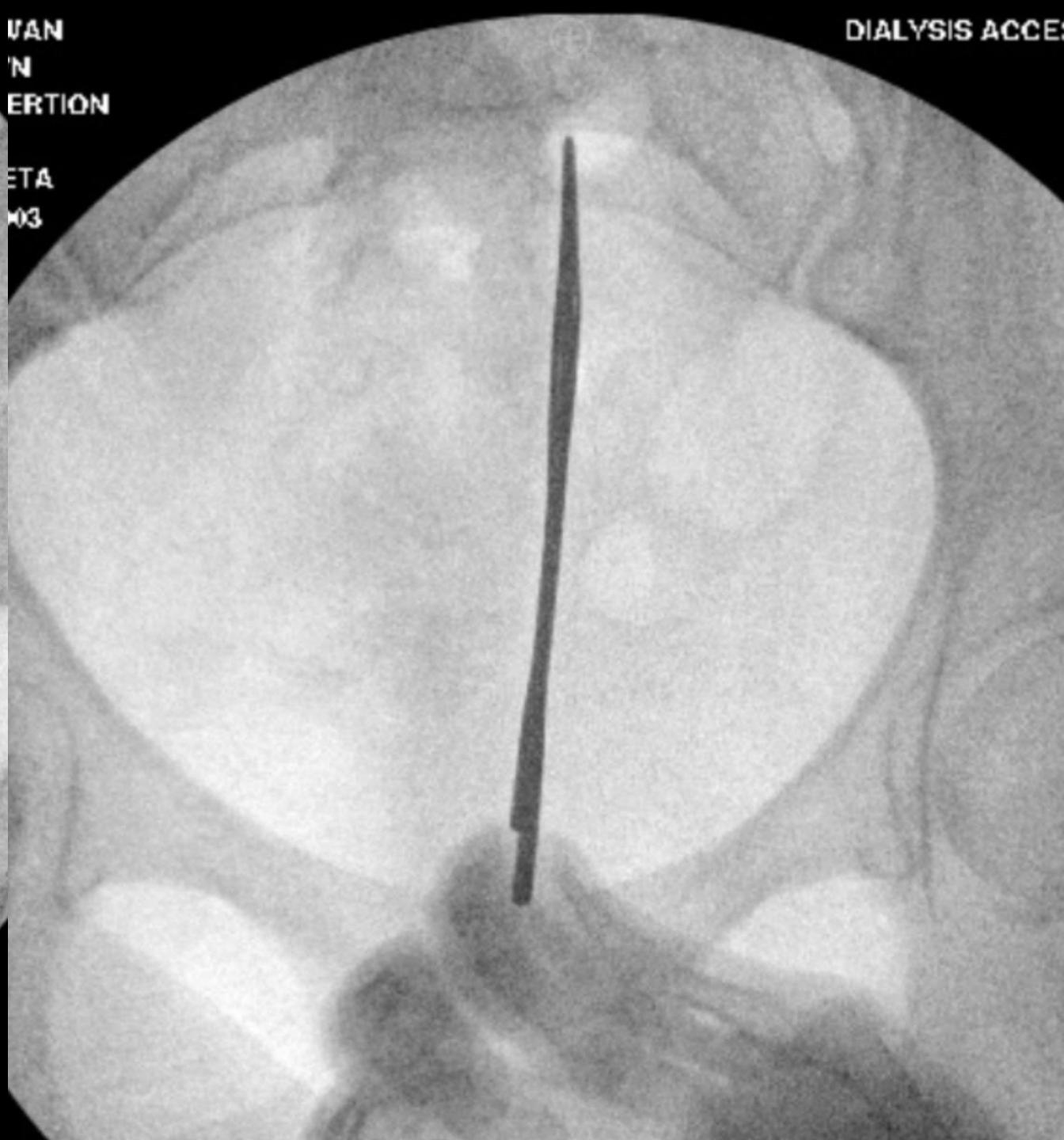
*VII) Testing*

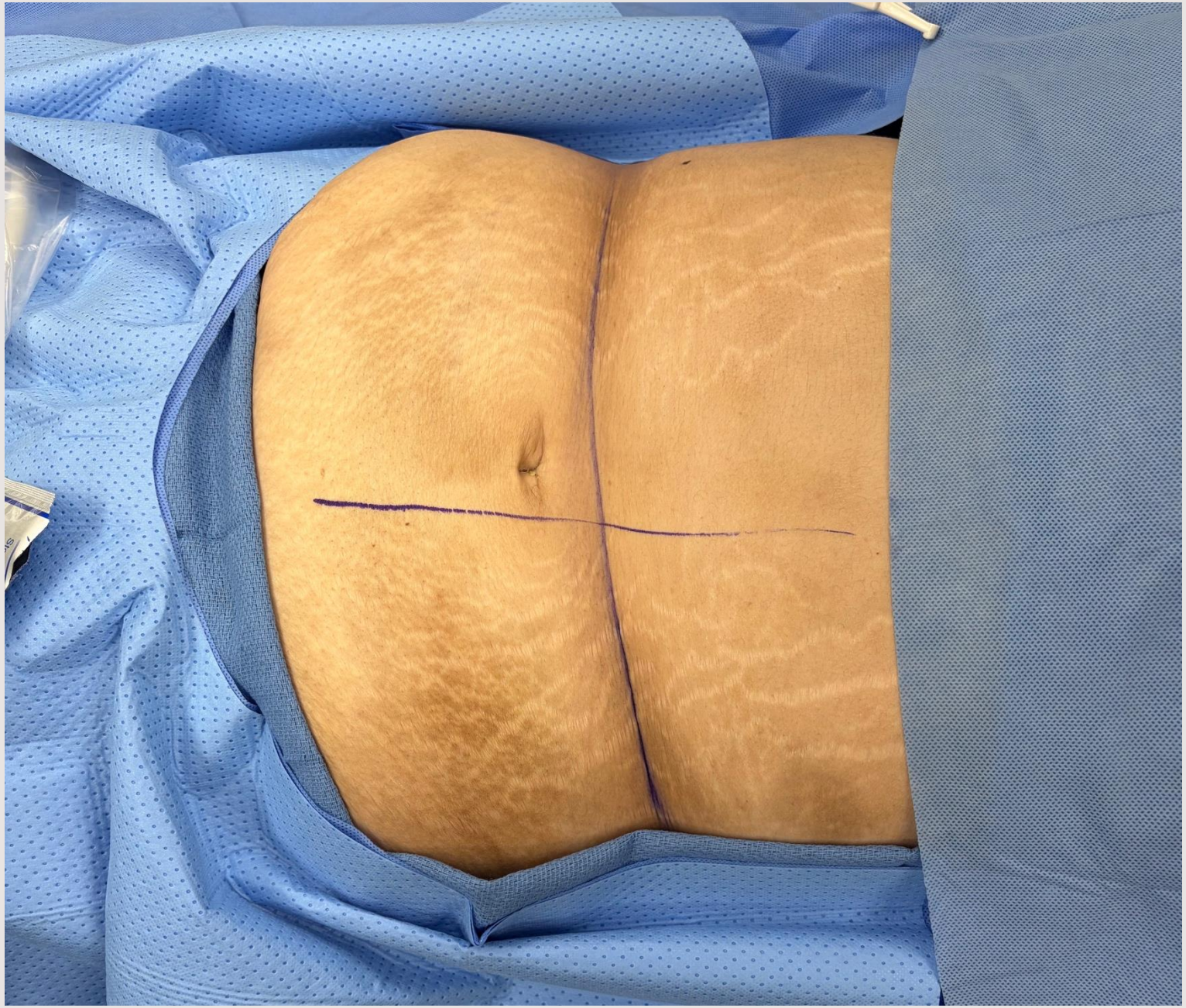

OEC


Left
Classic | ARC™
Small
Standard
Large
Position Edge on Patient Midline
Rectus Cuff Site
Primary Incision Site
ARC™ Exit Cuff Only
Place on Patient's Cranial Border of the Pubic Symphysis
Small
Standard
Large

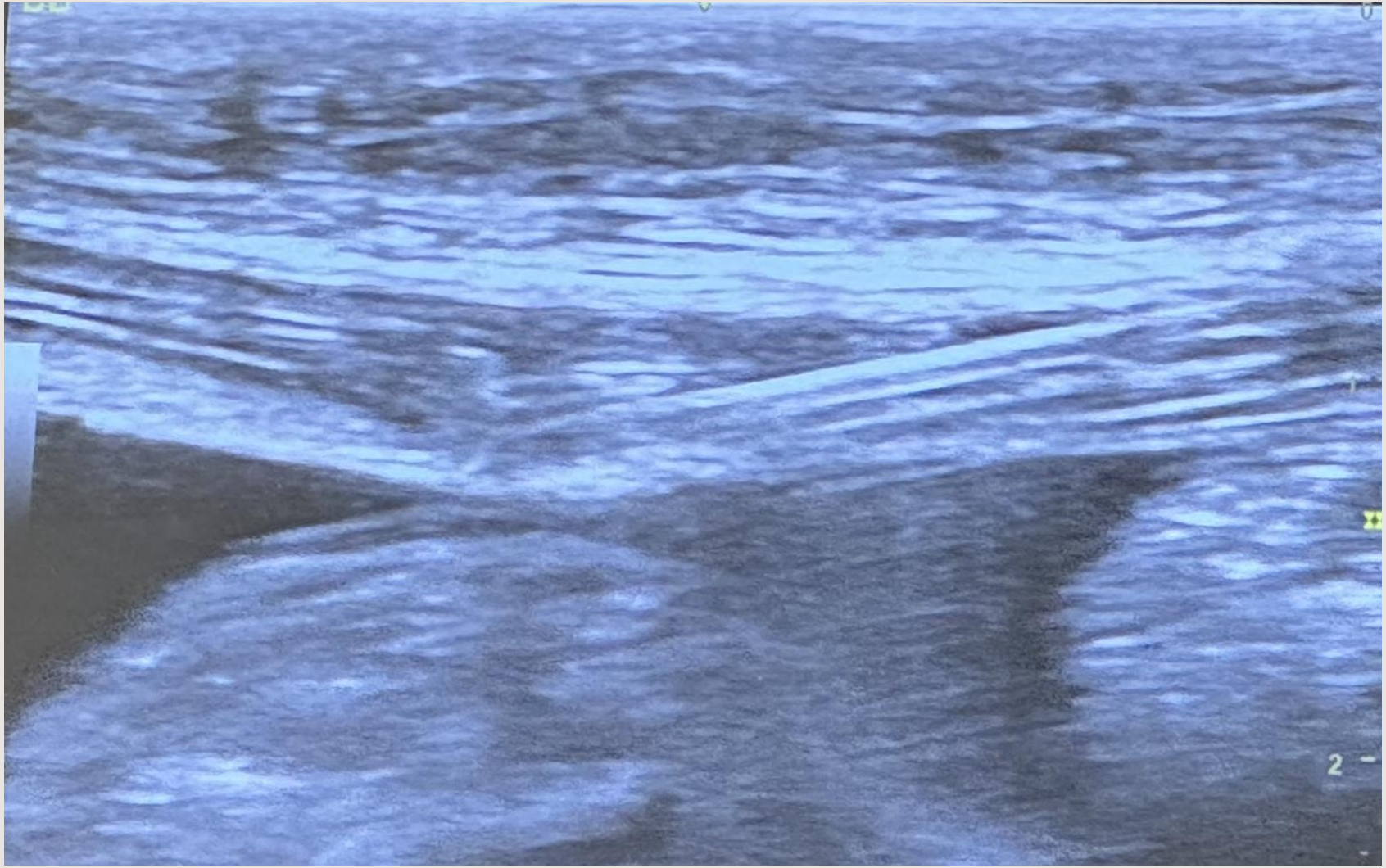


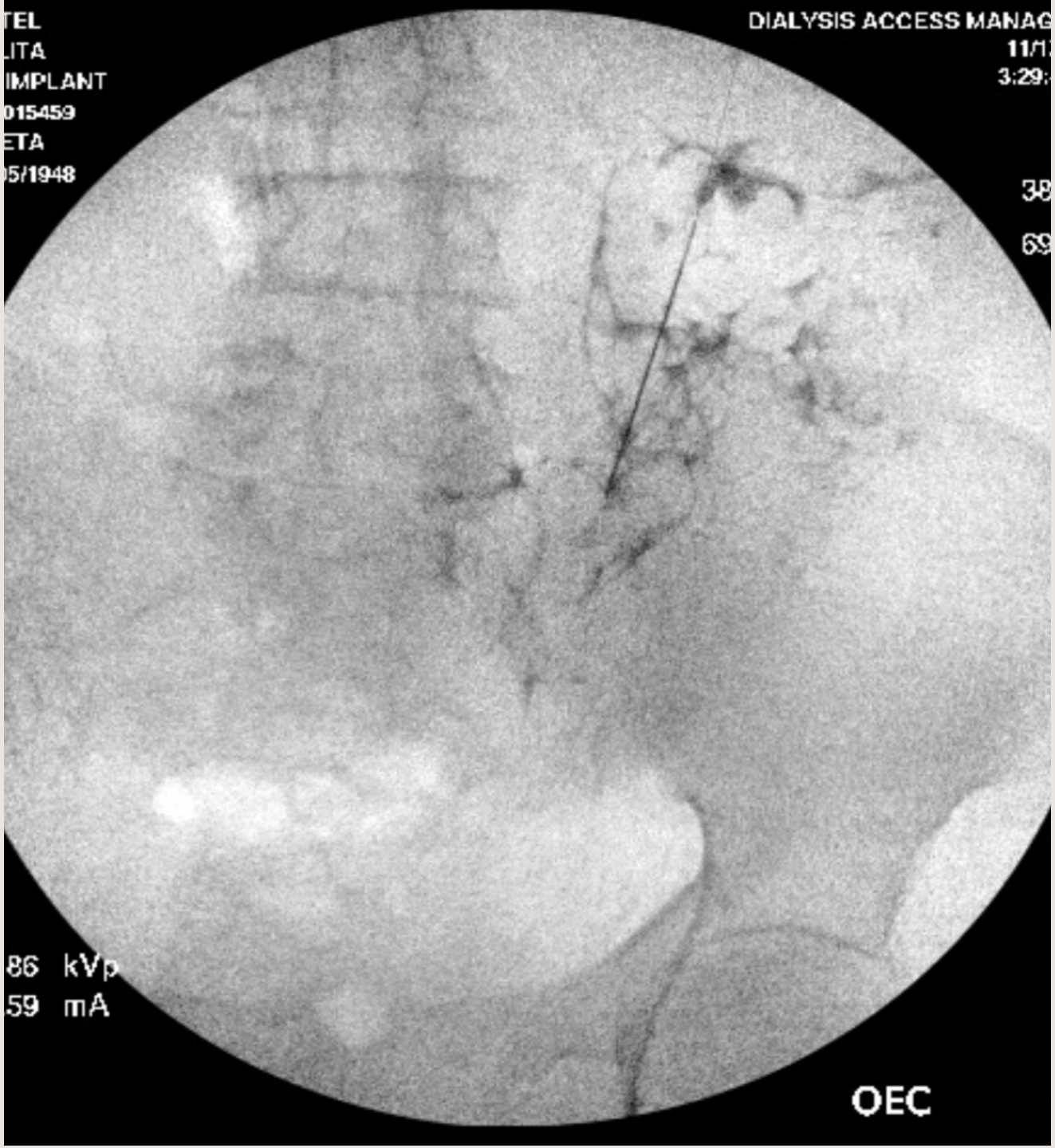

OEC


DIALYSIS ACCES



II) *Rectus muscle tunneling*

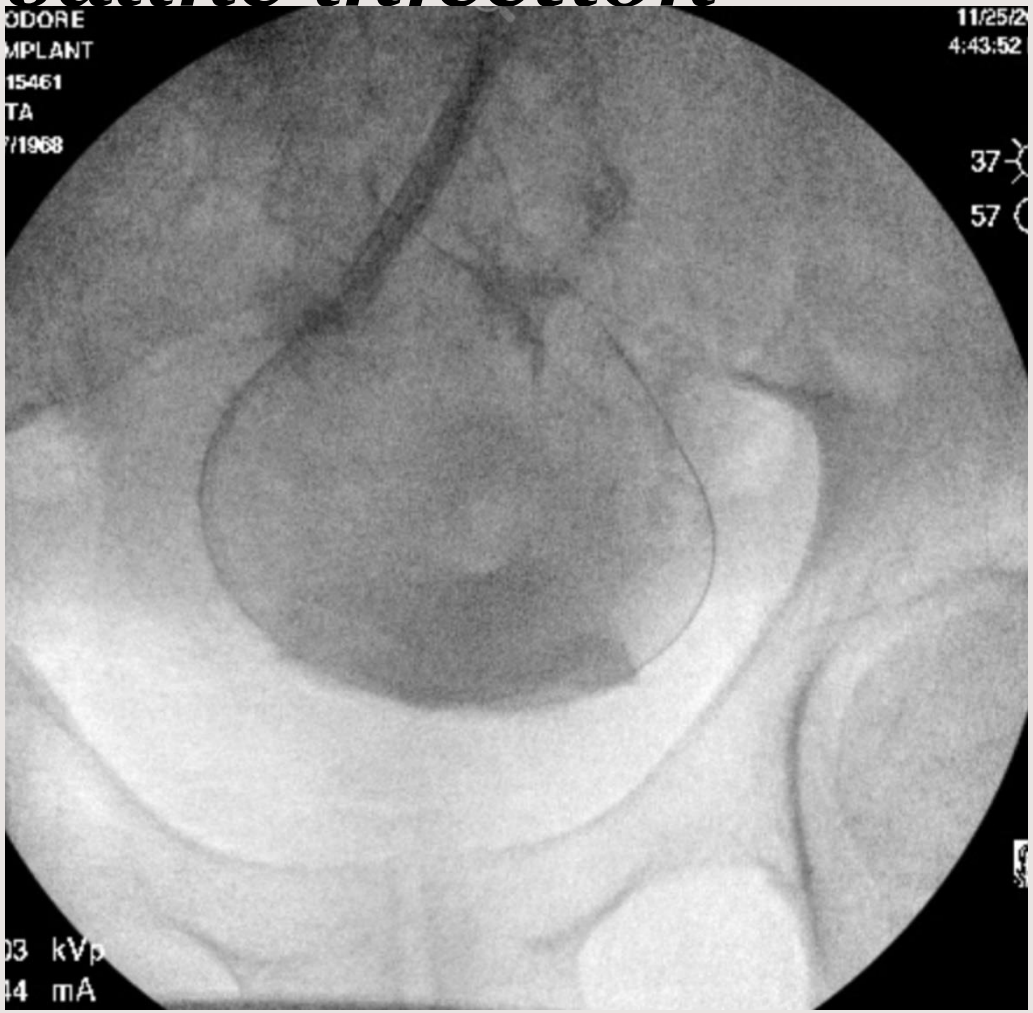



TEL
LITA
IMPLANT
015459
ETA
05/1948
DIALYSIS ACCESS MANAG
11/1
3:29:
38
69
86 kVp
59 mA
OEC

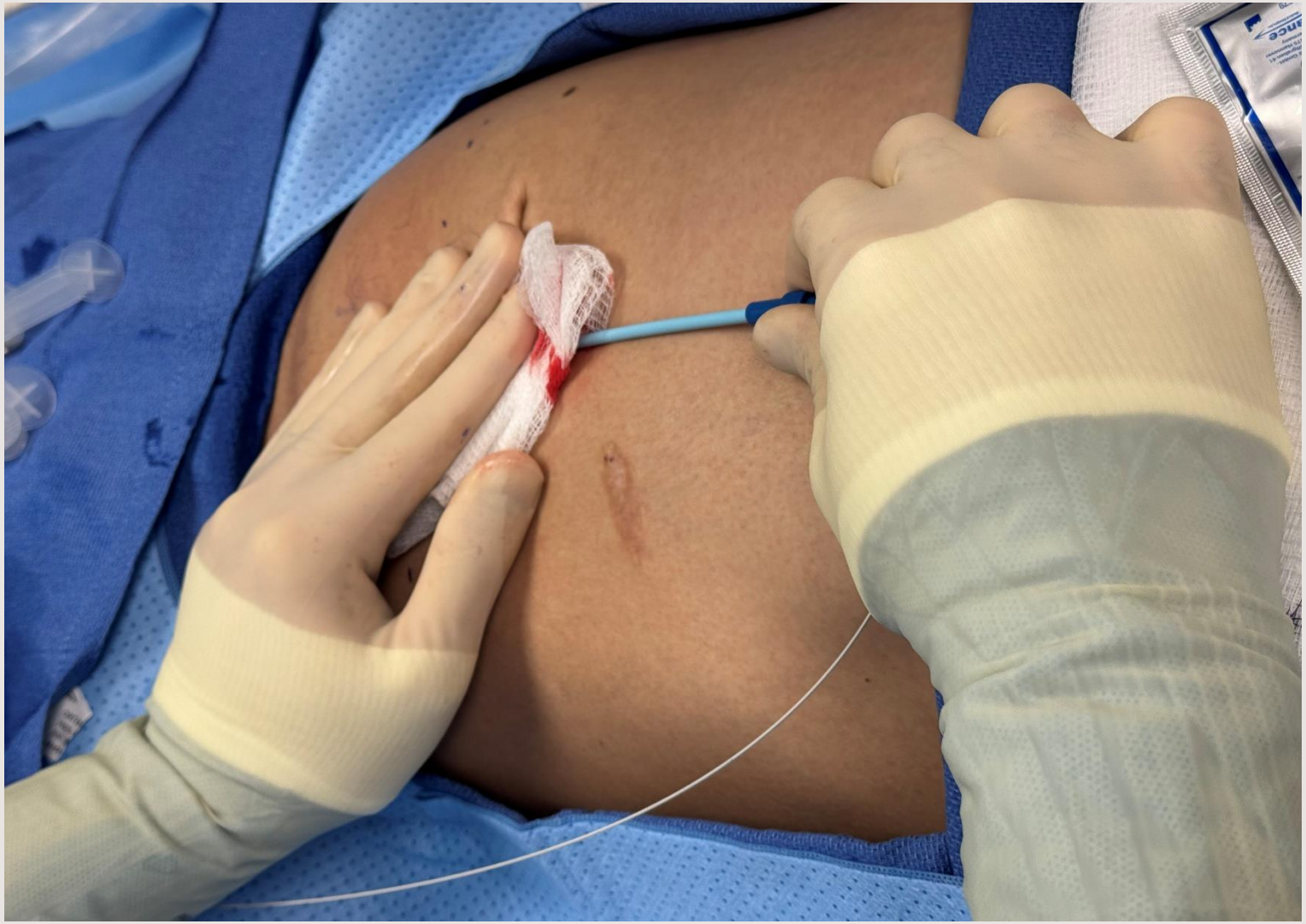
# *III- PD gram*

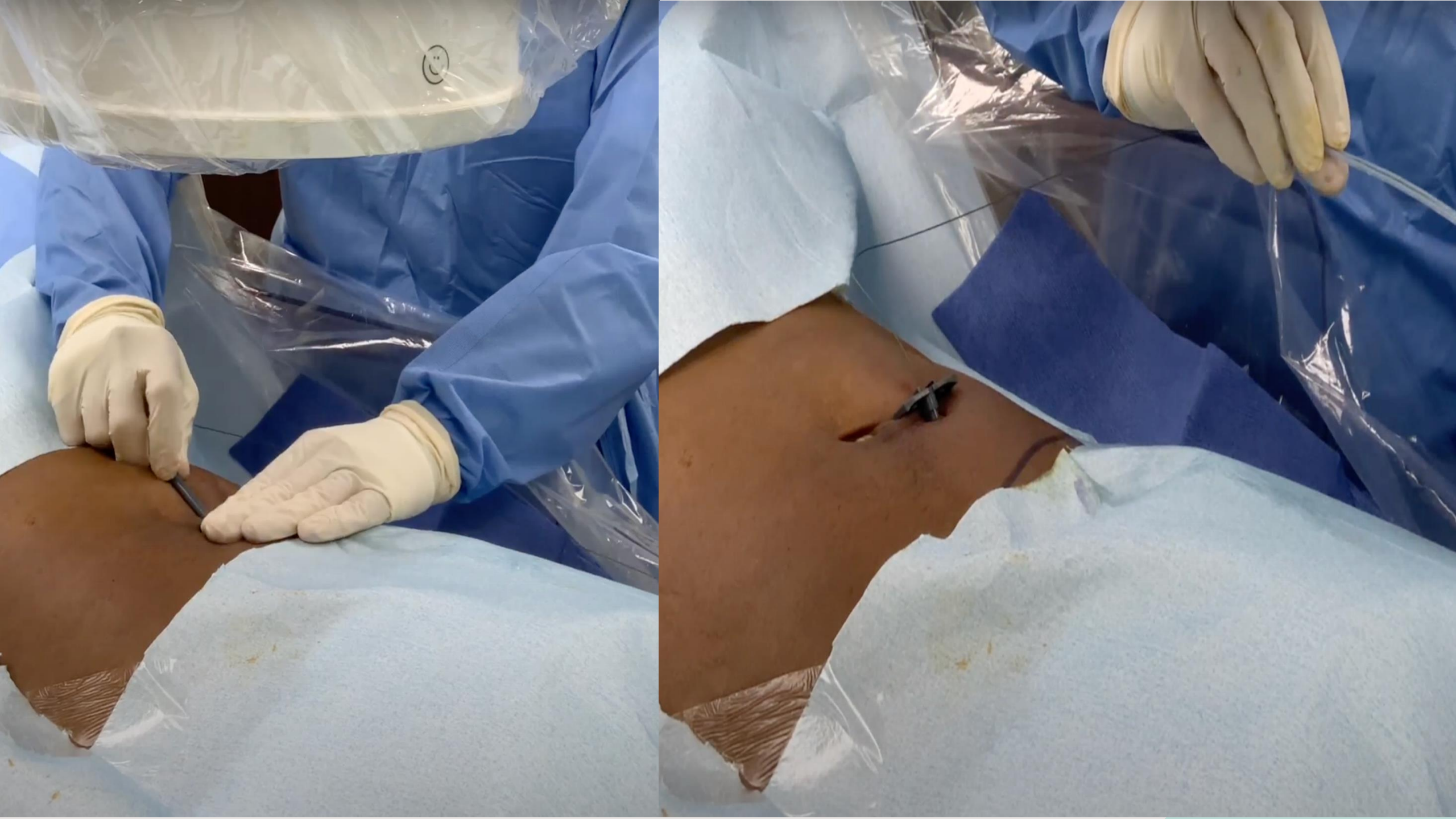


# *IV- 200 cc saline iniection*



# *V) Seldinger`s Technique*








PD INSERTION
216014620
SHETA
04/01/1977
9:15:29 AM
46
87
3C
OEC





# *pPDC Insertion:*

- Can be placed in a variety of settings (inpatient, ambulatory surgical centers, and office-based labs).
- Referral- to - placement time is “few days”.
- Local anesthesia or moderate conscious sedation.
- Can be done safely in high-risk patients.
- No cardiac clearance needed.

- No need to stop AC.
- No preoperative labs needed.
- Less postoperative pain and faster postoperative recovery.
- Suitable for **urgent start** PD with good fill volume (~1200-1500).
- In many cases, hospitalization for HD initiation can be avoided.
- Lower cost ( 12,741$ vs 10,371$ vs 366$).

# *pPDC:*

- **Easy**
- **Safe**
- **Cost effective**
- **Ready to use**

= First Choice

# *Thank You*