

When to remove the peritoneal dialysis (PD) catheter after renal transplantation? (RT).

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INTRODUCTION

There seems to be consensus that the time of removal of the peritoneal catheter after RT may be delayed until renal function and the patient is stabilized, but there are few publications about it and conflicting results.

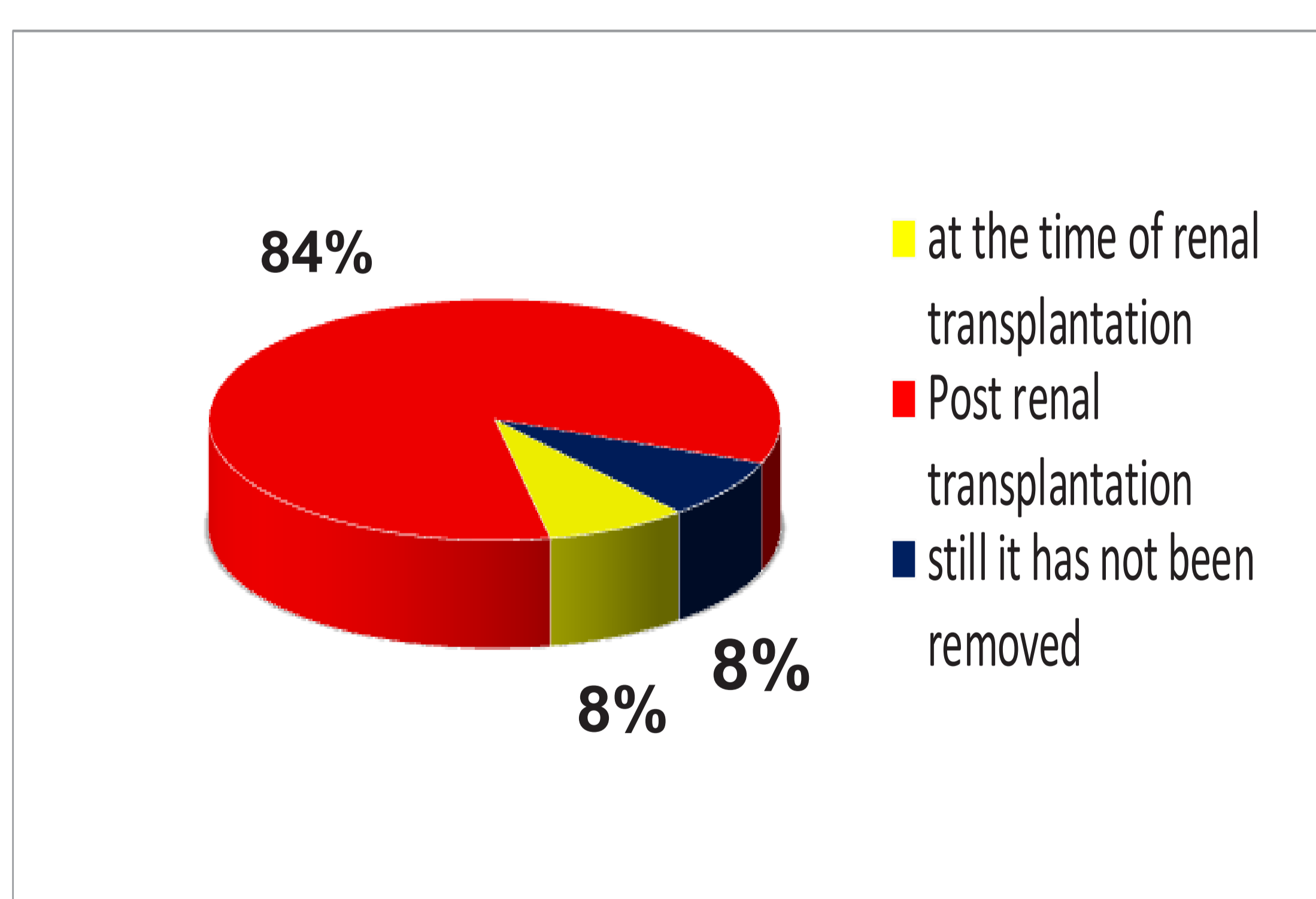
METHODS

We analyzed retrospectively patients on Peritoneal Dialysis Unit (PD) who have received a RT between May 1995 and March 2015 gathering medical history data relating to the peritoneal catheter removal and complications.

RESULTS

- 108 patients transplanted from PD. 32 women/76 men with a mean age at the time of RT 50 ± 13 years (range 16-80).
- 2 patients received RT of living donor and 106 of cadaver (4 combined pancreas-kidney).
- The catheter used in all was a straight Tenckhoff with two cuffs of 42 to 47 cm length.
- If renal therapy substitution was needed posttransplantation all patients were treated with hemodialysis.
- The average withdrawal time was 4.1 ± 2.7 months post RT, when mean creatinine was 2.1 ± 1.8 mg/dl.
- The indication of withdrawal was:
 - stable renal function in 85 (93%),
 - stable pancreatic and renal function n= 4
 - Exit site Infection OS n=2 (3%)
- All catheters were removed surgically under local anesthesia..
- The mean duration of hospitalization was 2.1 ± 1.8 days (0-12).

Time peritoneal catheter removal



*For infection of the hole / tunnel by *Staphylococcus aureus* or *Pseudomonas aeruginosa* pre RT.

COMPLICATION BEFORE REMOVAL CATERER

COMPLICATION BEFORE REMOVAL CATERER	N	%
Exit site infection	13	18*
Peritonitis spontaneous	1	
Peritonitis + urinary fistula	1	
COMPLICATION AFTER REMOVAL CATERER	4	3.7
Wound hematoma	1	
Hemorrhagic shock	1	
Surgical wound infection	2	

*11 already had the infection prior to transplantation

Conclusions: In our experience the removal of the peritoneal catheter may be delayed until renal graft function were stabilize since the rate of complication is low. Probably for no use the cateter.

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