



Operation Information

Insertion of Tenckhoff Catheter

Introduction

A Tenckhoff catheter is a special soft and flexible tube, inserted into the peritoneal cavity of a renal client who needs peritoneal dialysis. Peritoneal cavity is the space around the organs within your abdomen. Once the Tenckhoff catheter is inserted, the inner part of it lies between the urinary bladder and the lower part of the bowel.

Outcomes

The Tenckhoff catheter is inserted and can be the access for passage of peritoneal dialysis fluid 4-6 weeks after the operation.

Procedures

There are two different operations for inserting a Tenckhoff catheter. Please discuss with your doctor to see which type of operation works best for you.

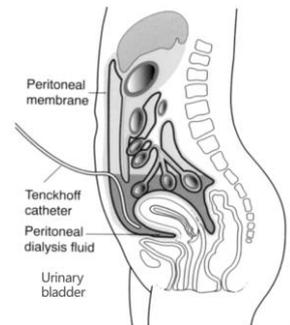
Mini-laparotomy insertion (Open surgery)

1. The operation is performed under general anaesthesia or monitored anaesthetic care (MAC).
2. A 4-5cm cut is made at your lower abdomen.
3. One end of the Tenckhoff catheter is inserted into your peritoneal cavity through the cut, while another end goes transversely through the subcutaneous fat and out of the body.
4. The catheter is secured with a special cuff under the skin.

Laparoscopic insertion (Keyhole surgery)

1. The operation is performed under general anaesthesia or monitored anaesthetic care (MAC).
2. 2-4 tiny cuts are made on your abdomen.
3. The doctor uses a laparoscopic camera (a very tiny camera attached to the end of a thin tube) to examine your abdomen and guide the insertion procedure.
4. One end of the Tenckhoff catheter is placed into your abdominal cavity through a tiny cut, while another end goes transversely through the subcutaneous fat and out of the body.
5. The catheter is secured with a special cuff under the skin.

In both operations, fluid is flushed in and out of your abdomen through the catheter to ensure it is working. The cut(s) is closed with sutures or sterile strips. The wound(s) and the catheter are covered by sterile gauzes.



Source:

<https://www.ouh.nhs.uk/patient-guide/leaflets/files/48046Prenal.pdf>

Possible Risks and Complications

Common complications

1. Leakage of dialysate from the exit site of the catheter (12%)
2. Wound infection (7%) or bleeding (5%)
3. Intestinal perforation (0.5-3.5%)

Other possible complications

4. Perforation of internal organs, e.g. urinary bladder and blood vessels
5. Peritonitis
6. Internal bleeding
7. Catheter migration or blockage
8. Incisional hernia

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications from arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of the operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. You may be instructed to withhold some or all of the blood thinners such as Aspirin, Warfarin, and Clopidogrel. Please follow the doctor's recommendation.
5. You may need to undergo some investigations like blood test, electrocardiogram (ECG), and X-ray.
6. You are required to undergo microbiological screening to rule out any skin bacteria that may cause infection through the catheter. If the screening result is positive, you may need to complete certain treatments before the operation.
7. Enema may be prescribed by the doctor to clear the large bowel.
8. Shaving to the operating site may be needed.
9. No food or drink six hours before the operation.
10. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
11. Please empty your bladder before the operation.

Post-operative Instructions

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation;
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment will be provided. Non-steroidal anti-inflammatory drugs and any medication containing codeine should be avoided.
3. It is important to keep your wound clean and dry. Please inform our nursing staff if oozing from wound is indicated.
4. Diet can be resumed after the anaesthetic effects are weaned. Please follow the instructions from our nursing staff.

Advice on Discharge

1. Please comply with the medication regime as prescribed by your doctor. Consult the doctor before resuming blood-thinning medications, e.g. Aspirin or Warfarin as needed.
2. Take laxatives regularly if necessary. It is important to have a good bowel movement daily, as constipation can interfere with the working of the Tenckhoff catheter.
3. The wounds are covered with dressing. The dressing should remain undisturbed and intact for 7 days. If it comes loose, simply secure it with extra sterile gauzes and tapes. Always keep the dressing clean and dry. You may learn how to change the dressing, or it may be changed by a nurse weekly for the first 2-3 weeks.
4. Usually, wounds are healed and sutures are removed in 14 days.
5. Do not scratch the wound sites and surrounding skin. No showering or bathing for 2 weeks. After the wounds heal completely, you will be taught how to shower, and care for the catheter and the exit site.
6. Bruising or mild swelling over the abdomen is common and usually subsides 2-3 weeks later.
7. Vigorous activities and heavy lifting (more than 10 lbs) should be avoided for 4 weeks.
8. Most clients take 3-4 weeks off work. If you are a manual worker, you may need a longer time off.
9. Any follow up consultations should be attended as scheduled. Peritoneal dialysis (PD) training will be commenced 2-3 weeks after the wounds healed.
10. Immediately consult your doctor or return to hospital for professional attention in the event of bleeding or pus discharge from the wounds, increasing swelling or pain in your abdomen, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification