Laparoscopic PD Catheter Insertion

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Reasons Cited by Patients for Choosing Peritoneal Dialysis

- Greater autonomy and flexibility in lifestyle with the ability to work and travel
- Ability to perform the therapy at home
- Eliminate burden on family members to provide transportation to in-center dialysis
- Fewer dietary and fluid restrictions
- Avoidance of painful needle sticks





Peritoneal Dialysis for ESRD

- Improved survival in first 2-3 years
- Preservation of residual renal function
- Lower prevalence of hep C
- Lower cost
- Improved renal transplant results
- Better volume and blood pressure result
- Greater patient autonomy and quality of life

Peritoneal Dialysis for ESRD

Not competitive with HD

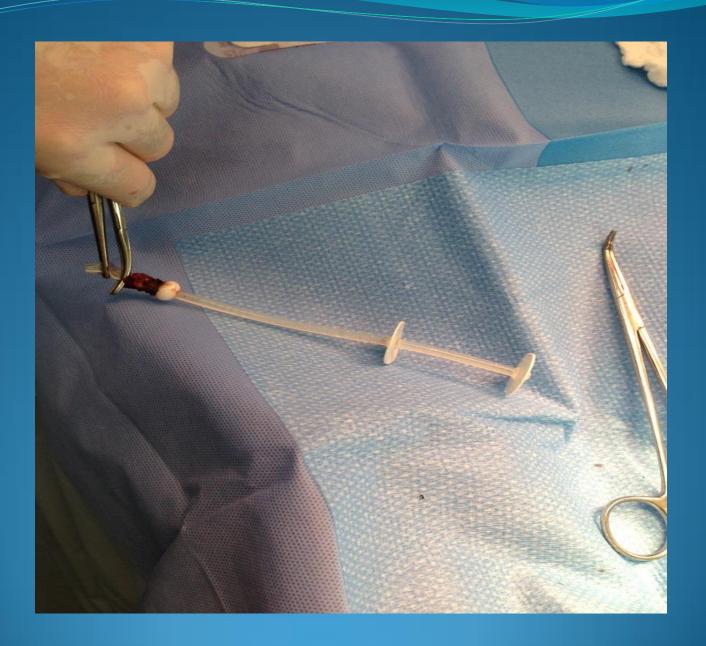
Both methods are complimentary

Peritoneal dialysis first

Timely conversion to hemodialysis

Most PD catheter problems causing transfer to HD occur during the first year (60%)

- Catheter problems are a leading cause of transfer from PD to HD during the first year
- Most catheter complications can be prevented by appropriate preoperative planning, use of proactive catheter implantation technique, or remedied by catheter rescue procedures
- A focus on catheter procedures is especially critical for PD technique survival during the first year



Catheter Types

 Concerns about catheter tip migration, tissue entrapment, and cuff extrusion are more reliably addressed by proper implantation technique than by complicated designs

 Catheter designs can not compensate for a poorly performed implantation procedure

Peritoneal Dialysis for ESRD

- Catheter function is directly related to skill of catheter placement team
- Proper catheter placement and care of healing exit-site are key to success
- Catheter-related complications are major reasons for discontinuing peritoneal dialysis
- Technique success in initial 6 months sets stage for optimizing long-term participation

Commonest Reasons for failure

- Omental Wrap
- Fibrin plug
- Poor angulation of Catheter
- Tip migration

Laparascopic Advantages

Can visualize and correct potential problems from :

Catheter tip migration

Omental entrapment

Peritoneal adhesions