

# Reasons

- Access to PD
- Impact on the utilisation of PD
- Supports the challenge of the timing
- No need for admission
- Patient experience
- Acute PD/PPD to treat AKI
- Easier management of infective/ mechanical complications
- Safe
- Financial

# Access to PD

- Ability to get the insert PD catheter within 16 hours of referral
- No general anaesthetic required
- No theatre slot required
- No expensive theatre equipment required
- Can be done at the bedside
- Instant feedback from patient
- Can commence acute APD immediately
- Less likely to require blood transfusion pre procedure

# Accessibility

- No cessation in PD catheter insertions due to availability of theatre slots
- Allowed us to support Kings partners PD catheter insertions

# Comparison



# Impact on utilisation of PD

- Nephrologists who PD access procedures have more confidence in PD
- Immediate access to acute PD supports crash landers and late referred patients
- Patients unable to achieve RRT decision still have the option of PD

# Challenge of the timing

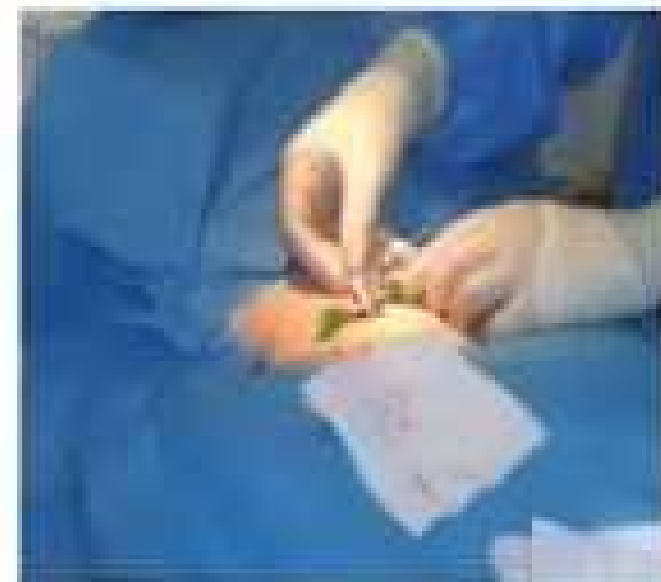
- Ease of planning PD insertion supports the correct timing of PD cath insertion
- Not too early or too late.
- No need for imbedded catheters with added infection risk of second procedure and externalisation

# No need for admission

- It is counterintuitive to commence home dialysis with an inpatient admission
- Frees up beds to support vascular access
- No need to cancel procedure if bed unavailable
- No need to cancel procedure if theatre is unavailable

# Detail is everything

- “ Each member of the access team should understand the need for attention to detail in the reduction of complications “  
*ISPD Guidelines 2019*



A dedicated teams experience with a specific catheter results in better catheter survival  
*S. M. HAGEN ET AL 2014*



- Catheters can easily be manipulated using guide wire if they migrate.
- Catheters can easily be removed and replaced to treat infectious complication such as
  - Un resolving PD exit site infection
  - PD peritonitis
  - Tunnel infection

# Safety

- Percutaneous insertion is non-inferior - plenty of studies and met analysis to support this.
- No benefit of advanced laparoscopy in reducing infection related complications the main
- Since 2000 1068 catheters inserted under LA –In addition there are 64 removal and reinsertion under LA to sustain patients on treatment.
- No PD procedure related deaths in this time.
- Ultrasound guidance used to increase safety , reduce complications

# Incisions

- LA requires 2 – portals of infection
- GA requires 4 – portals of infection



# Financial



- Finally, ISPD is there to guide advancement of PD in all parts of the world including low- and middle-income countries, and blind percutaneous PD catheter insertion would be the technique best suited to make PD accessible to far more patients across the globe, not advanced laparoscopy.



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