Utilization of Peritoneal Dialysis in Patients with Ascites

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Purpose

To demonstrate that peritoneal dialysis (PD) can be effectively utilized in dialysis dependent patients with recurring vascular disease, chronic systolic heart failure, atrial flutter, diabetes mellitus type 2, hepatopathy, bypass graft, implantable cardioverter, monthly, bilateral above knee amputations, and artist. Transitioned to peritoneal dialysis for patient – redo sternotomy and tricuspid valve repair versus replacement.

Background

Utilization of Peritoneal Dialysis in Patients with Ascites

Catheter Placement and Flushing

Laparoscopic insertion of peritoneal dialysis catheter on 6/28/2017. At time of placement 6000 mL ascites drained. Patient was flushed twice weekly until home training was completed. Prior to flushing patient, ascites fluid was drawn. Ascites drainage was stopped by nurse on all occasions. Ascites fluid ranged from 500 mL to 3500 mL. Patient's ascites fluid was cloudy, yellow, or milky, cloudy, and/or cloudy. Fluid was drawn at rates of 3 to 4 times per week as needed. Fluid was also drained as needed for medical reasons. Overall, ascites fluid was cloudy, yellow, or milky, cloudy, and/or cloudy.

Method

Peritoneal dialysis catheter was inserted laparoscopically. Ascites fluid drained 3500 mL, 3100 mL, 3000 mL, 2700 mL, 2500 mL, 2000 mL, and 3500 mL. Patient’s ascites fluid was cloudy, yellow, or milky, cloudy, and/or cloudy. Fluid was drawn at rates of 3 to 4 times per week as needed. Fluid was also drained as needed for medical reasons. Overall, ascites fluid was cloudy, yellow, or milky, cloudy, and/or cloudy.

Procedures

Right heart catheterization:
- Pressure
- Volume
- Flow
- Temperature
- pH
- Oxygen saturation

Transesophageal echocardiogram:
- Left ventricular function
- Right ventricular function
- Aortic valve function
- Mitral valve function
- Tricuspid valve function

Catheter Placement and Flushing

PD Catheter Placement and Flushing

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>White Cell</th>
<th>Red Cell</th>
<th>Neutrophil</th>
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<tbody>
<tr>
<td>3/28/17</td>
<td>3000 mL</td>
<td>2500 mL</td>
<td>2500 mL</td>
<td>2500 mL</td>
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</tbody>
</table>

Paracentesis

[Data for Paracentesis are not included in the image.]

Conclusion

Patient with recurrent ascites undergoing peritoneal dialysis resolved in improved fluid balance and better sense of self. PD may be feasible and possible for patients with recurrent ascites, with and without dialysis maintenance.

Acknowledgements

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