

Information On Continuous Ambulatory Peritoneal Dialysis (CAPD)

Introduction

Continuous Ambulatory Peritoneal Dialysis is commonly called 'CAPD'. It is the most common treatment modality for end stage renal failure patients in Hong Kong.

The Treatment

A patient on CAPD will have about 2 litres of dialysate instilled into the abdomen via a catheter. The effluent, together with metabolic wastes and excessive body fluid from blood, will be drained out 6-8 hours later. The abdomen will then be refilled with a new bag of dialysate. The patient needs to replace the dialysate 3-4 times every day and it takes about an hour to complete the process each time.

Risk and Complication

1. Peritonitis
2. Inflammation and bleeding at the exit site
3. Inflammation along the catheter beneath the skin
4. Catheter migration or blockage
5. Pain in the pelvic cavity, or the so-called 'sucking-pains' caused by suction force during drainage of peritoneal fluid.
6. Hyperglycemia
7. Fluid and electrolyte imbalance (such as dehydration or overhydration)
8. Cramps
9. Protein loss
10. Increase in blood-lipid and triglyceride levels
11. Weight gain or weight loss
12. Abdominal hernia
13. Scrotal or vulval edema
14. Shortness of breath and respiratory distress due to pleural effusion or abdominal distention.
15. Stomach acid regurgitation

Before the Procedure

Before being accepted into the CAPD programme, patients must agree on the followings:

1. Agree to receive CAPD treatment and follow instructions to perform dialysis.
2. If a patient is incompetent of self-care or cannot perform dialysis, a member from his/her family will be needed for assistance. This helper must understand the procedures and be ready to help voluntarily, whose assistance must not be stopped abruptly or handed over to another person.

3. Agree to undergo peritoneal dialysis catheter placement. If the catheter fails to function after surgery, re-operation may be needed.
4. Understand the complications of CAPD and to detect any abnormality.
5. Patient's responsibilities include:
 - (a) Perform dialysis bag exchanges according to schedule
 - (b) Take good care of catheter and catheter exit site
 - (c) Use medicines and dialysate correctly. Note the appropriate temperature and concentration of dialysate and volume and follow antiseptic procedure /technique
 - (d) Take the medicines according to schedule and follow the doctor's instructions on diet advice
 - (e) Keep treatment records and attend follow-up consultations as required
6. Has to pay for dialysis related expenses.
7. Follow the instructions of the renal centre and on completion of training, the patient has to return home and perform CAPD instead of staying in the Renal Centre for long term PD.
8. If patient shows signs of anaemia in the course of treatment, blood transfusions or other treatment may be needed.
9. Other examinations, surgery or procedures may be needed in the course of treatment.
10. Take care of personal health. If there are contra-indications (e.g. mental disease, stroke, terminal cancer, incurable disease or incompetence of self-care), the authorities concerned may in accordance with medical principles cease dialysis or refer to renal palliative care service.
11. If patient or helper is unwilling to perform dialysis, they should inform the health care professionals accordingly to consider cessation of PD.

During the Procedure

After starting CAPD, the renal centre should be informed of the following:

1. Leakage or breakage of catheter etc.
2. Ailments such as cramps, severe abdominal pain, nausea, vomiting, diarrhoea, rising body temperature, abnormal blood pressure (too high or too low), edema, shortness of breath, dizziness and general weakness
3. Dialysate is cloudy, turbid or flow is decreased
4. Gradual increase in body weight with swelling or bulging of abdomen; main wound; catheter exit site; umbilicus; pelvic region; groin area; scrotum or vulva; and/or associated with pain
5. Problems during dialysis:
 - (a) Imbalance of dialysate/effluent
 - (b) prolonged completion of process
 - (c) catheter contamination
6. Inflammation at the exit site, such as redness, swelling and purulent discharge
7. Abnormalities of dialysate effluent is noted

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor or the respective renal centre.