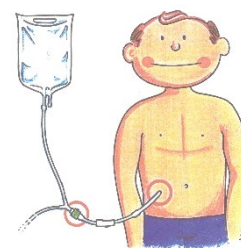


# Split line

**You have recently had a split line, line disconnection or line contamination. This leaflet explains how these can be further prevented.**

You have had your line changed and been given a single one-off dose of antibiotics into your dialysis fluid.



## Advice to avoid further damage/contamination to your line

Please try to check following things each time you do an exchange to try to prevent this from happening again

- After each exchange, ensure the cap is on your line tightly.
- At each exchange, ensure the titanium or white connector (metal part of your line) is screwed tightly to the line.
- Secure your catheter well, to prevent it from catching in zips of trousers or skirts. Use tape or tubifast bandage to secure it. These are available from the unit.

## Preventing infection/peritonitis

After a split or disconnected line, it is important that you are extra vigilant for the next few days. You are still at some risk of getting peritonitis, as we may not know how long your line was at risk of contamination.

### Signs to look out for:

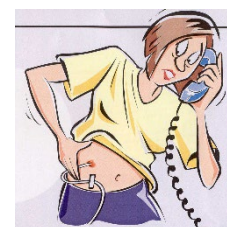
- Cloudy bag. **Never ignore a cloudy bag!**
- Abdominal discomfort / tenderness / pain.
- Nausea / vomiting.
- Flu like symptoms – feverish, chills.
- Diarrhoea.



**If you suspect that you have peritonitis, you must contact the unit immediately.** If it is out of hours or at the weekend, ring Victoria Ward. If you are unable to get to the hospital, we will be able to arrange transport for you.

## Exit site care

The exit site is where the catheter leaves the body. It is important to remember that a clean and well anchored exit site will reduce the risk of peritonitis. Any infection sitting around the exit site can potentially track down the catheter into the peritoneum. Exit site infections can easily be treated with antibiotic tablets, if reported promptly. Always check your exit site for signs of infection. Signs are redness, pain / tenderness, excessive crusting (some crusting is normal) and discharge / pus. If you are concerned about your exit site, please give us a call.



### Tips to minimise the risk of infection/peritonitis at the exit site:

1. Keep the exist site clean and dry.
2. Keep it well anchored with tape or Mepore to avoid pulling.
3. Check the exit site daily.
4. **Good personal hygiene.** Showering is preferable but, if you are bathing, keep the water level below the catheter. Speak to CAPD staff about a suitable dressing for swimming.
5. Once the exit site is well healed, you may swim, **but only in chlorinated water.**

### Handwashing technique

There are thousands of bacteria living on your hands all the time. While they are on your hands, they do not cause any problems, but if they are allowed to get elsewhere in the body, they can cause an infection. This is one cause of peritonitis. This means that before you do an exchange you must wash your hands using an antibacterial solution, such as Carex soap, which will remove a large proportion of the bacteria.

When washing your hands you must:

- Use running water.
- Ensure all surface of hands have been thoroughly scrubbed, using a liquid antiseptic soap.
- Hand washing should take at least 1 minute.
- Hands are rinsed thoroughly.
- Paper towels are used to dry hands. Never use a bath towel.
- In addition, use hand gel – remembering this is only effective once the gel has been rubbed in and the hands are dry.



Once you have washed your hands, it is important to remember that you must not touch anything other than your dialysis equipment, i.e. no touching nose, hair, clothes etc., otherwise, you will have to wash your hands **again**.

It is a good idea to use hand cream after your exchange, to keep your skin healthy.

### Contacting us

CAPD Unit 0118 322 7322 / 8555 Monday – Friday 9.30am – 5.00pm

Out of hours, contact Victoria Ward 0118 322 8882

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Barb Harris, Renal Home Therapies Renal Lead, April 2023. Next review due: April 2025.