

Peritonitis

You currently have an infection within the peritoneum (the membrane that lines the abdominal cavity) called peritonitis. This leaflet explains what this is, how it is treated and how it can be further prevented.

What is peritonitis?

Peritonitis is an infection of the inner lining of your tummy. Left untreated, it can become life threatening. It can be painful, and may cause peritoneal scarring, if left untreated or if repeat episodes of peritonitis occur. For patients on dialysis, this can reduce the effectiveness of the peritoneum as a filter for dialysis.

What causes peritonitis?

Peritonitis can occur for several different reasons, including poor handwashing techniques; exchange procedure carried out in a hurry; dropping, sneezing or coughing onto the line; a split line; an infected exit site; diarrhoea, constipation or bowel problems. Sometimes you may be aware of how you got peritonitis, and other times you may not. It is important to tell the nurses if you think you might know how it has happened.

How is it treated?

There are bacteria all over our bodies, which live happily in the correct places. When these bacteria move to another area of the body, they can cause infection, such as peritonitis. The body is not always able to deal with infection on its own and may need antibiotics. If you have peritonitis, you will have a dose of antibiotics administered via your dialysis fluid, in order to treat the infection. You will also need another dose the next day. By the third day, we should have the results of the dialysis samples that have been taken, and we can then give you specific antibiotics for the kind of infection you have. This may mean daily antibiotics for 14-21 days, or possibly every 4-5 days, depending on the drug given. For certain antibiotics, blood tests may be required during treatment to determine the antibiotic level in your body. It may be possible for these blood tests to be done locally at your GP, pathology or on CAPD – please discuss with the CAPD team.

Pain relief

If you need to take any painkillers, the best thing to take is Paracetamol, which you can take as directed on the packet. Once the dialysis fluid starts to clear and the pain settles, it should indicate that the infection is clearing. **If you are concerned that the fluid is becoming cloudier or the pain is getting worse, please let us know and we will see you sooner than planned to repeat the samples.**

Preventing further infection/peritonitis

- **Exchange technique:** Once you are feeling better, we will ask you to do your exchange with one of the nurses. This is so we can recheck your technique and at the same time, we will also ask you to wash your hands and then put them under ultraviolet light to show up any

areas you may have missed. We like to try to visit you at home to see if we can identify anything to prevent this happening again.

- **Exit site care:** The exit site is where the catheter leaves/enters 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 be easily treated with antibiotic tablets, if reported promptly. Always check your exit site for signs of infection. The signs are redness, pain / tenderness, excessive crusting (a little 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 exit 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.
- Wash your hands for at least one minute.
- Rinse hands thoroughly.
- Use paper towels 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

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

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

Compassionate

Aspirational

Resourceful

Excellent