

Abstract Submission No. : 9191

PD catheter insertion by nephrologist

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The proportion of PD (peritoneal dialysis) among renal replacement therapies have continuously decreased over time. Successful PD requires timely PD catheter (PDC) insertion and management of PDC-related complications. PDC insertion has been classically performed by surgeons. PDC insertion by surgeons requires a PDC insertion schedule for the designated surgeon. This may make it difficult for end-stage renal disease patients to apply for successful and timely PD. Some societies have recently made an effort to increase the use of PD and PDC insertion by nephrologists. PDC insertion methods includes surgical, blind method using Tenckhoff trocar, percutaneous method using Seldinger technique, pertioneoscopic method, and laparoscopic method. First three techniques are relatively popular with nephrologists. Previous studies showed no advantages of one technique over the others in patients without previous major abdominal surgery. Patients with risk of intra-peritoneal adhesion would be suitable to receive any one of the surgical or laparoscopic methods. The aim of presentation was to represent three PDC insertion techniques by nephrologists.