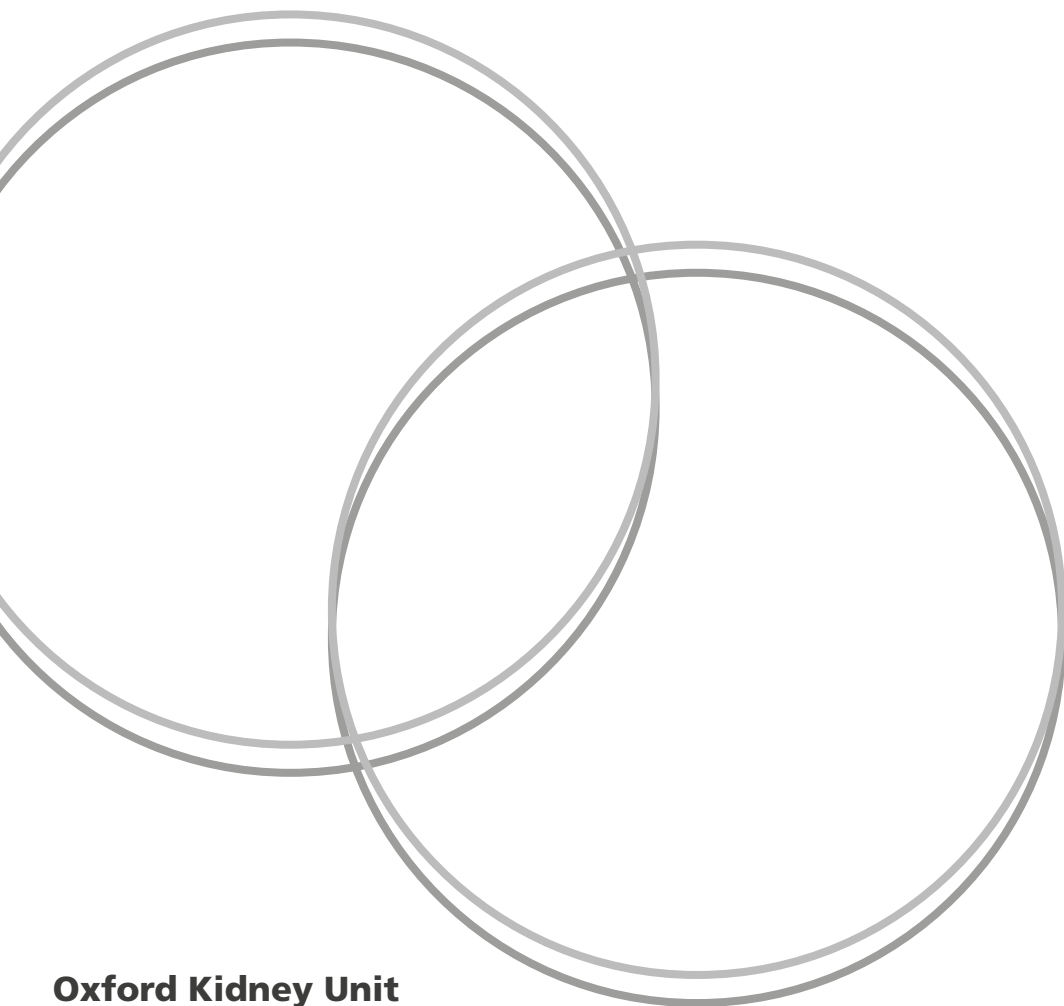


Treating Peritoneal Dialysis (PD) Peritonitis

Information for parents and carers



What is PD peritonitis?

PD peritonitis is a complication of peritoneal dialysis. It is inflammation of the lining (peritoneum) surrounding your abdominal organs. It is usually caused by bacteria (germs) that have entered your abdomen either from your skin, PD catheter or from inside your body through your bowel.

How will I know if I have PD peritonitis?

You **must** contact the Renal Unit even if you have only one of these symptoms:

- cloudy or hazy PD fluid
- abdominal pain
- feeling sick or vomiting
- feeling hot and shivery, like you have a high temperature.

If you are able, please bring the cloudy PD bag with you to the hospital.

What should I do if I have PD peritonitis?

You will need to be seen in your local PD Unit or Oxford for immediate treatment. If you don't have transport a nurse will organise this for you. PD peritonitis can be a serious condition, receiving treatment quickly often resolves the infection.

When you come to hospital a nurse will send a sample of your PD fluid to the laboratory, so they can test it to see what bacteria is growing. You will then be given two antibiotics; one will be added to your PD fluid and the other will be a tablet to swallow.

What antibiotics will I be given?

Vancomycin

Vancomycin will be added to a warm bag of PD fluid and drained into your abdomen (intraperitoneal). It must be left inside your abdomen for a minimum of 6 hours to ensure the prescribed antibiotic dose is fully absorbed for maximal efficacy.

Will I experience any side effects from vancomycin?

Contact **a nurse immediately** if you have any of the following symptoms:

- redness (flushing) and itching of your upper body
- low blood pressure
- hearing problems
- signs of an allergic reaction, such as a skin rash.

Anaphylaxis

If you experience itchy skin, a raised or red rash, swollen lips, eyes, hands or feet or difficulty breathing contact 999 immediately.

Ciprofloxacin

Ciprofloxacin is available as a tablet or liquid. It is a group of antibiotics known as fluoroquinolones. You will be given a 10 day course to take. You need to take a 500mg tablet immediately, then one 500mg tablet twice a day for the next 5 days.

Will I experience any side effects from ciprofloxacin?

If you experience any of the following side effects, please contact **your local unit immediately**:

- tendon pain or swelling, often beginning in the ankle or calf
- pain in your joints or swelling in your shoulders, arms or legs
- worsening abnormal pain or sensations (such as persistent pins and needles, tingling, tickling, numbness, or burning)
- weakness in your body, especially in your legs or arms, or difficulty walking
- worsening severe tiredness, depressed mood, anxiety, problems with your memory or severe problems sleeping
- changes to your vision, taste, smell or hearing, which are worse than usual.

If you suffer from depression ciprofloxacin may cause you to have suicidal thoughts. It is important that you speak to your kidney team if you are worried.

If you need further information, please see the Medicine and Healthcare products Regulatory Agency (MHRA) leaflet:

<https://assets.publishing.service.gov.uk/media/5c9364c6e5274a48edb9a9fa/FQ-patient-sheet-final.pdf>

Before you are given ciprofloxacin, your kidney team will ask you about any medications you are taking. If you are taking a corticosteroid (such as hydrocortisone and prednisolone) this can increase the risk of tendon problems.

Is there anything else I need to know when taking ciprofloxacin?

- Do not take ciprofloxacin at the same time as your phosphate binders (e.g. CalciChew, calcium acetate (Phosex), sevelamer (Renagel) or lanthanum (Fosrenol) as these will affect how well the antibiotic works. Take ciprofloxacin two hours after any phosphate binder.

- Avoid eating or drinking dairy products at the same time as taking ciprofloxacin, as this will also affect how well the antibiotics work. Wait for 2 hours before or after you take ciprofloxacin.

Always read the leaflet that comes with your medicines (ask your pharmacist for a leaflet if you did not receive one). Talk to your kidney team if you have any questions about your medicines.

What else do I need to know?

Inflammation of your peritoneum may increase the amount of protein removed from your blood into the PD fluid. You should increase the amount of protein in your diet for a few days. If you need advice from a dietitian their telephone number can be found on page 8 of this leaflet.

During an episode of PD peritonitis you may notice the amount of fluid you drain out of your abdomen is less than usual. You may also experience ankle/leg swelling or shortness of breath. Your blood pressure may be higher than usual.

If this happens, use some stronger strength glucose PD fluid for the next few days (2.27% (green) Baxter or 2.5% (green) Fresenius). Reduce the amount of fluid you drink until things settle down.

If you have abdominal pain or discomfort, take a mild painkiller such as paracetamol, as advised on the packet. The pain should settle within a day or so.

Your PD fluid should start to clear and symptoms improve within 2 to 3 days. A PD nurse will telephone you daily to ask how you are.

Contact a PD Nurse or the Renal Ward if your:

- pain increases
- fluid remains cloudy or after being clear becomes cloudy again

or you:

- are vomiting/unable to eat or drink
- are unable to take the medications
- develop side effects from the medications.

What happens about transplantation?

If you are waiting for a kidney transplant you will need to be temporarily suspended from the waiting list, until your PD fluid is clear (about 2 to 5 days). This suspension will not disadvantage you on the transplant waiting list, as you will still gain points for waiting time.

How long do I need treatment for?

The antibiotic you need to continue will depend on the type of bacteria grown in your PD fluid. A PD nurse will let you know which bacteria is present and which antibiotic to continue with.

Vancomycin

If you need to continue vancomycin you will need to see your PD nurse on day 5 of your treatment (day 1 is the first day that you receive antibiotics). They will take a blood test to check the level of vancomycin in your blood.

A PD nurse will give you a bag with the vancomycin added to it to take home. Please place the bag into a fridge until a PD nurse calls you later that day.

When your PD nurse has the vancomycin level result, they will advise you when to do the next PD exchange using the PD bag containing vancomycin. This may be the same day or 2 days later. You will need to warm the fluid before you drain it into your abdomen, either on a bag warmer or Homechoice machine.

You will need to continue the vancomycin antibiotic treatment for a minimum of 2 weeks, sometimes 3 weeks if your PD fluid has grown more resistant bacteria. This will mean a total of either 2 to 4 bags with added vancomycin.

Further visits will be organised according to the results of the blood test taken on this day.

Date of appointment with PD team:

Ciprofloxacin

If you need to continue taking ciprofloxacin, a PD nurse will arrange with your GP for a prescription for a further 4 or 21 day course (14 to 21 days in total).

What happens if the treatment isn't working?

If you have abdominal pain that isn't getting better, your fluid doesn't clear or your condition gets worse you will need to be admitted to hospital. This will probably be the Churchill hospital as the kidney team are used to treating people with PD peritonitis.

Sometimes injecting a different type of antibiotic into your PD fluid is successful in treating the infection.

Some bacteria are resistant to some antibiotics or the bacteria 'stick' to your PD catheter. Often the only way to treat the infection is to surgically remove your PD catheter (operation). You may need to have haemodialysis for a short period until the infection has resolved and you feel well again.

How will I know if the treatment has worked?

You will need to see a PD nurse 2 weeks after you have completed the antibiotic treatment. They will send a sample of your PD fluid to a laboratory and take a blood test. This is to make sure the infection has resolved.

They will organise this with you once your treatment has been completed.

A PD nurse will also talk with you to work out why you developed PD peritonitis, they will also visit you in your home to observe you doing your PD therapy. Please don't worry, it is more important that we try to find the cause so we can prevent it happening again.

We also have a leaflet: Reducing the risk of infection when using Peritoneal Dialysis. Please ask if you have not been given a copy.

Useful contact numbers

Oxford Peritoneal Dialysis (PD) Unit

Telephone: **01865 225 792**

8am to 6pm, Monday to Friday

Email: pd.team@ouh.nhs.uk

(between 8.30am and 4.30pm)

Wycombe Home Therapies Unit

Telephone: **01494 426 349**

8am to 6pm, Monday to Friday

(4 days but a different day off each week)

Email: RenalHomeTherapiesWycombe@ouh.nhs.uk

Swindon PD Unit

Telephone: **01793 605 288**

8am to 6pm, Monday to Friday

Email: RenalPDSwindon@oxnet.nhs.uk

Milton Keynes Home Therapies Unit

Telephone: **01908 996 465**

8am to 4pm, Monday to Friday

Email: RenalPDMiltonKeynes@oxnet.nhs.uk

The PD nurses may be visiting people at home, so all units have an answerphone telling you who to contact if no one is available.

Renal Ward Churchill Hospital

Telephone: **01865 225 780**

24 hours a day, on weekdays, weekends and bank holidays.

Dietitians

Telephone: **01865 225 061**

Answerphone will give you the dietitian details.

Useful websites

Oxford Kidney Unit

Lots of information about the Oxford Kidney Unit for patients and carers.

Website: www.ouh.nhs.uk/oku

UK Kidney Association

Patient information leaflets and advice

Website: www.ukkidney.org/patients/information-resources/patient-information-leaflets

Kidney Patient Guide

Information for patients with kidney failure and those who care for them.

Website: www.kidneypatientguide.org.uk

Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

Six Counties Kidney Patients Association

The SCKPA is run for patients by patients or family members.

They offer support to people suffering from kidney disease or who are on dialysis. They work closely with the Oxford Kidney Unit and have branches in Oxfordshire, Northamptonshire, Buckinghamshire, and Milton Keynes, and parts of Wiltshire, Gloucestershire and Berkshire.

Website: www.sixcountieskpa.org.uk

National Kidney Federation

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidney.org.uk

OUH Patient Portal

Health for Me

Please ask a member of the renal team to sign you up to the patient portal.

Website: www.ouh.nhs.uk/patient-guide/patient-portal

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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