What is an indwelling peritoneal catheter?

An indwelling peritoneal catheter is a specially designed small tube to drain fluid from around your abdomen easily and painlessly whenever it is needed. It avoids the need for repeated ascitic drain insertion every time the fluid collects. The drainage can be performed by either you on your own or with the help of a nurse. The tube is soft, flexible and about the size of a pencil in diameter. One end remains inside the abdomen and the other passes out through the skin. There is a one-way valve on the end which prevents fluid leaking out of the tube.

Why do you need an IPeC?

Fluid can accumulate in the abdomen for a number reasons, the presence of this fluid can become quite uncomfortable and possibly cause other complications. Draining the fluid can relieve the pressure exerted by the fluid and make you feel more comfortable.

What can be done to help?

The re-accumulating fluid can be drained in the traditional way with repeated insertions of an ascitic drain, but this in itself can be uncomfortable, carries risks and requires repeated hospital admissions. The indwelling catheter is a way of allowing fluid to be drained repeatedly without the painful drainage procedures and without having to come to hospital.

How is the indwelling catheter put in?

The tube will be inserted in the hospital. You will be asked to lie in a comfortable position. Your skin will be cleaned with a liquid cleaner to kill any bacteria. An anaesthetic is then injected into the skin to numb the place where the indwelling catheter will go. This can sting but the discomfort passes off quickly. The doctor will then make two small cuts in the numb area of skin and gently open a path for the indwelling catheter. This should not be painful although you will feel some pressure or tugging. One cut is for the catheter to pass through the skin and the second is for it to be passed into the abdomen. The indwelling catheter is then eased into the abdomen.
Will it be painful?
Local anaesthetic is injected into the skin before the drain is put in so that you do not feel the drain going in. You are also given painkilling medication to control any pain. At the end of the procedure your abdomen may feel ‘bruised’ or ‘sore’ for about a week but this can be controlled with painkilling tablets.

How long do I stay in hospital?
This procedure is generally done as a day case but some patients may stay in hospital overnight.

How does the drain stay in position?
Indwelling catheters are designed to be a permanent solution to the problem of ascitic fluid building up (though they can be removed if they are no longer needed). There is a soft cuff around the tube which is positioned under the skin to which the skin heals making the drain more secure.

Two stitches will be put in when your tube is inserted. These will be removed by your nurse after 7 to 14 days.

Who will drain the fluid from my indwelling catheter?
Drainage of the fluid is a straightforward procedure. There are a number of ways this can be done. The nurse specialist will be able to teach you, or a relative or a friend, how to drain the fluid so that it can be done in the comfort of your own home. You will be given illustrated instructions on how to do this which clearly takes you through the procedure step by step.

Alternatively we will arrange for a member of the district nurse team to do this for you at home. Otherwise you could visit the outpatient department where the nurse specialist or one of the clinic staff undertakes drainage for you.

How often does the fluid need to be drained?
When your catheter is inserted the doctor will remove most of the fluid from your abdominal cavity at the same time. The rate of re-accumulation varies between people and some patients need daily drainage whilst others require only weekly drainage or less. You can drain fluid as often or as frequently as is needed but you will be guided by your nurse or doctor.

Are there any risks with indwelling catheter insertion?
In most cases the insertion of an abdominal drain and its use is routine and safe. However, like all medical procedures, ascitic drains can cause some problems. All of these can be treated by your doctors and nurses:
Most people get some pain or discomfort from their indwelling catheter in the first week. Painkilling medication will control this.

Sometimes indwelling catheters can become infected but this is uncommon (affecting about 1 in 50 patients). Your doctor will clean the area thoroughly before putting in the abdominal drain to try and prevent this and we will teach you how to keep your catheter clean. Tell your doctor if you feel feverish or notice any increasing pain or redness around the chest drain. We also routinely give antibiotics for seven days post insertion.

Very rarely, during the insertion, the drain may accidentally damage a blood vessel and cause serious bleeding. This probably only affects about 1 in 500 patients.

Are there any risks associated with long term indwelling catheter use?

Generally indwelling catheters are very well tolerated.

- The main risk is infection entering the abdomen down the tube. The risk is minimised by good catheter care and hygiene. You will be taught how to look after your catheter. The site should be checked regularly for signs of infection (redness, swelling, oozing, pain or fever) – if this does occur you should inform your district nurse, GP or pleural nurse specialist as soon as possible so that you can be assessed and if necessary receive treatment with antibiotics.
- Sometimes cancer tissue can affect the area around the indwelling catheter. Please let your doctor know if you develop a lump, or any pain, around your catheter in the weeks after it is inserted.

Can I wash and shower normally?

Initially after insertion there will be a dressing placed on the catheter and we advise you to keep this dry until the stitch is removed seven days later. Providing the site is then clean and dry, you will be able to bath and shower normally.

When is the indwelling catheter taken out?

Indwelling catheters are designed to remain in position permanently. However, sometimes the fluid drainage from the abdomen dries up and the catheter is no longer needed. In this situation the catheter can be removed as a day case procedure.

What should I do if something happens to the tube?

On discharge from hospital you will be given information dealing with after care following tube insertion.
How to contact us / further information

If you would like any further information about this procedure, or if any problems arise, you may telephone:

- Pleural Service on 01223 349189, Monday to Friday 08:00-18:00 hours.

Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

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