

Abstract No. : A445

Theme : Access, Peritonitis and Exit Site Infection

## **The Timing of PD Catheter Removal in People with Unresponsive PD Peritonitis**

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**Introduction:** A minority of PD patients suffering acute peritonitis do not respond to intraperitoneal antibiotics and require peritoneal catheter (PC) removal within 2 weeks of peritonitis diagnosis. We report from the New Zealand Peritoneal Dialysis Registry on patient survival and PD continuation rates for all New Zealand patients who suffered an episode of peritonitis associated with PC removal in the years 1996 to 2004. **Results:** Four hundred and eighty-nine (9.9%) of 4910 peritonitis episodes were associated with PC removal within the first 2 weeks of diagnosis. Sixty-six (13%) of these patients died within 3 months of onset of peritonitis. Death was highest in the group when the PC was removed 4 to 7 days after the diagnosis of peritonitis (21%) versus <4 days (7 %) and >8 days (10%). Of the 426 patients with PC removal who survived more than 3 months following the onset of peritonitis 195(46%) had successfully resumed peritoneal dialysis by 3 months after the onset of peritonitis. The lowest resumption rate of 39% was in the group where the PC was removed <4 days post diagnosis versus 44 % when the PC was removed at 4-7 days and 54 % at >7 days. **Conclusion:** On the basis of these observations early (<4 days) or late (>7 days) PC removal led to better survival. However the lowest rate of peritoneal dialysis resumption occurred when PC removal took place in the period <4 days following onset of peritonitis. We conclude from this that when patients are acutely unwell and unresponsive to intraperitoneal antibiotics that early catheter removal (within the first 72 hours) may be preferable to delayed catheter removal.