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Theme : Access, Peritonitis and Exit Site Infection

Prospective randomized trial of prophylaxis antibiotic for newly placed peritoneal dialysis to prevent postoperative peritonitis and wound infection

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Objectives: There is always a risk for postoperative wound infection and peritonitis in new PD catheter inserted patients. By now no uniform consensus exists on the timing, route, or choice of antibiotic prophylaxis. In the past clinical practice, patients were given cefazolin i.p. in dialysate as prophylaxis. Our aim is to assess the efficacy of two antibiotic prophylactic regimens in a prospective randomized trial for patients undergoing insertion of catheters. **Methods:** During a period of 12 months, 78 patients, who consecutively entered the PD programme, (45 women and 33men, mean age 48 years) were included. The prophylactic regimens were a single dose of ceftriaxone (1000 mg) given intravenously 1/2 hour before surgery (Group I) or given cefazolin (0.25/L) i.p. in the each dialysis bag for 3 days postoperatively (Group II). All operations were performed in one room. The wound were observed every day, body temperature, CBC, dialysate were examined every day. **Results:** In group I and II, none of the patients showed peritonitis or wound infection during the post-operative period (within 10 days). 1 of 39 patients(2%) in the group I, and 2 of 39 patients (5%) In the group II had exit site infection ($P>0.05$). **Conclusions:** There was no significant difference in the number of episodes of peritonitis and wound infection in two groups. Our study showed that prophylactic preoperative single-dose antibiotics intravenously did as well as antibiotics given intraperitoneally for PD catheter insertion, but was much more convenient.