

MEETING ABSTRACT

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The Tenckhoff catheter in elderly patients with chronic renal failure: placement in spinal anesthesia with open technique, without required location in the hollow of Douglas

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Background

Currently there are various techniques for catheter placement for peritoneal dialysis. The purpose of this paper is to describe our technique and our results in elderly patients.

Materials and methods

We report our experience on the placement of the Tenckhoff catheter (TC) in elderly patients by open surgery, under spinal anesthesia, without necessarily placing the catheter in Douglas.

Results

Between January 2004 and September 2010 we placed 42 TC in 42 patients including 25 males and 17 females between 65 and 92 years old (mean age 73 years). 7 of these patients were simultaneously subjected to another surgery to correct a defect in the abdominal wall.

Among the 29 patients still living 4 TC are no longer used: 2 for recurrent peritonitis, 1 for considerable volume polycystic kidney disease and 1 was removed due to an undefined failure.

The TC that are currently working are: 4/7 after 6 years, 1/2 after 5 years, 1/1 after 4 years, 1/1 after 3 years, 4/4 after 2 years, 9/9 to 1 years; 5/5 in the last 6 months.

In the post-operative abdomen X-rays were performed in 7 of the 26 patients who showed different locations of the distal end of the catheter: 3 in Douglas, 1 in the

left side, 2 in the right side, 1 in the right upper quadrant.

Conclusions

Placement of the TC under spinal anesthesia with open technique, not necessarily placing the tip in the Douglas, is a simple technique that guarantees good results with low operational risks and peri-operative complications, especially for elderly patients. The results of this technique in combination with concomitant hernias are particularly relevant.

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