

CT Peritoneography/Catheterogram

Indications: Recurrent Peritonitis, Difficulty with fluid exchange, abdominal wall or genital soft tissue edema, localized swelling of peritoneal catheter, and poor ultrafiltration.

Supplies: Omni 350; Red blunt tip catheter, syringes, Masks, Sterile gloves, Chux pad, IV pole, Disposable hemostat, Red Sharps container.

Patient to bring dialysate and appropriate supplies. (Altavist 50, which is disinfectant for peritoneal dialysis connection. ** DO NOT USE alcohol or chloroprep on PD connection).

Procedure:

1. Obtain supplies and prepare room.
2. Explain procedure to patient.
3. Patient will tell you how much dialysate he uses for the exchange.
4. Infuse Omni 350, 50 cc per 1 L of dialysate.
5. Patient will connect dialysate bag to peritoneal port utilizing sterile technique. Patient will let technologist know how long exchange takes. Once exchange is done, 30 minutes prior to scanning have patient walk, strain and bend to achieve good distribution of contrast.
6. Perform routine CT abdomen/pelvis Dry, one hour after completion of dialysate infusion. If a leak is not seen, rescan patient in 4 hours. If pleuroperitoneal fistula is suspected, CT should include the chest. If scrotal swelling is present, the exam should include the entirety of the scrotum.
- 7, Once patient has completely drained dialysate, remaining bags must be disposed of in red biohazard containers.