

How to deal with complications

If you notice any of these complications or have any other concern related to your wound, contact:

- Info-Santé 8-1-1;
- Your outpatient service centre;
- Your home support service SAD (nurses);
- Make an appointment with your doctor, if necessary.

For any emergency outside the opening hours of the outpatient service centre or medical clinic, quickly go to the nearest emergency room.

DRAINAGE OF PERITONEAL FLUID

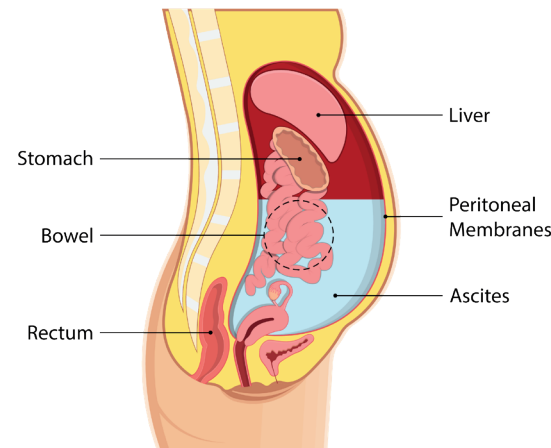
Long-term catheter

Indications

Your doctor has prescribed this treatment for you in the event that a large amount of fluid is found in your abdominal cavity (in the peritoneal space) on a recurrent basis.

The peritoneal space is the place between your peritoneum and your organs in your abdomen. When there is an excess of fluid (ascites), it causes swelling of the abdomen (distension), which can cause discomfort. This is called a peritoneal effusion.

Ascites



Why drain the fluid?

To relieve the main symptoms of peritoneal effusion: swelling of the abdomen, bloating, back or abdominal pain, fatigue, shortness of breath, weight gain, nausea, vomiting, difficulty digesting, loss of appetite, feeling full after eating little, constipation, swelling of the ankles or legs.

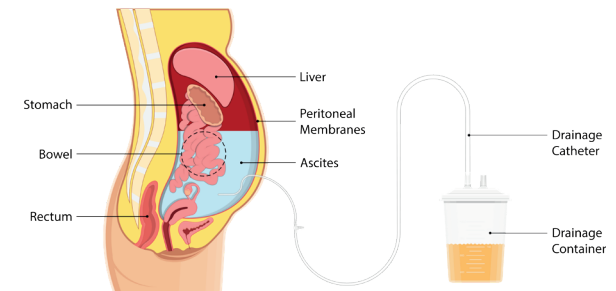
What does a drainage involve?

Following the insertion of a short-term catheter into your lungs, a medical procedure will be performed to remove the accumulated fluid according to the method prescribed by your doctor.

First, the liquid can be drained by free drainage with a tube connected to a collection bag that uses gravity. This method can take a long time it all depends on the amount of liquid to be drained and the rate at which it flows.

The second is to connect your catheter to a vacuum suction device which will have the same result, albeit quicker than the first, of draining the excess fluid by negative vacuum suction pressure via specialized vacuum bottles.

Abdominal Paracentesis



Frequency

The speed with which the fluid returns varies from person to person. Most users need drainage two to three times a week. If necessary, it can be done every day. The doctor will determine the frequency and amount of drainages according to your needs.

Amount of fluid removed per session

The volume to be removed will follow the recommendations of your doctor.

Prior to the peritoneal drainage

The medical team will welcome you and place you in a comfortable position. Your weight may be recorded before or after the treatment, according to medical advice. The nurse will take your vital signs before, during and after the treatment to make sure that you are tolerating the treatment well. Afterwards, the nurse will remove the existing dressing covering your catheter and connect the device to drain the fluid according to the chosen system.

The length of the procedure is variable. It depends on the volume to be drained as well as your tolerance during the session. If you feel any discomfort or significant pain during the session, you should notify the staff immediately. When the treatment is completed, the nurse will re-dress the wound and give you the instructions for your return home (in this brochure).

The long-term catheter

The choice of placing a long-term catheter will be determined by your doctor based on the need to drain the fluid and its recurrence over time. The long-term catheter will therefore be a wise choice for lengthy treatments. It is placed in radiology or in the operating theatre. This is an indwelling tunnelled catheter (a device that forms a tunnel in your abdomen allowing fluid to be drained out). Generally, it is made of flexible and comfortable silicone. It is equipped with a valve that allows the expulsion of the fluid. This type of catheter will allow you to return home after each treatment despite the chronic accumulation of fluid in your abdomen. It can remain in place for an extended period of 1 to 15 months.

During the initial installation, the catheter will be fixed using skin sutures that will allow it to remain firmly in place. External skin sutures are usually removed within 7-10 days after the catheter installation. However, the skin suture that holds the internal catheter will be retained. This time includes the formation of the tunnel in your peritoneal cavity, which will then allow the fluid to be drained out of the abdomen through the indwelling tunnelled percutaneous catheter during drainage sessions. A bandage will then cover the drain to prevent the tube from coming out and detaching spontaneously.

Caring for your indwelling tunnelled percutaneous catheter

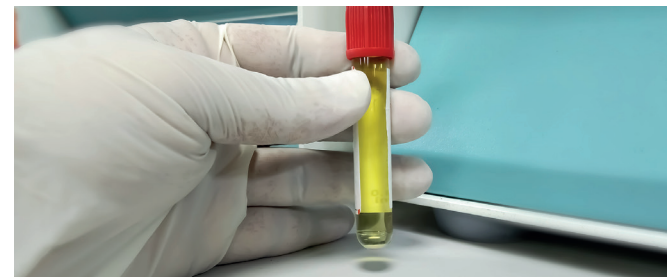
(Long-term catheter)

A dressing will be applied to protect the access to the catheter in your abdomen, and this process with each drainage and as recommended by a skilled professional. In addition, if drainages occur at a frequency greater than on a weekly basis, dressings will be carried out by your outpatient department or home service, at least once a week, or as advised by the doctor.

The necessary precautions

You can take showers, taking care not to rub the bandage and to pat it dry. However, avoid baths and bodies of water such as swimming pools, spas and outdoor lakes for as long as you keep your indwelling tunnelled percutaneous catheter for your peritoneal drainage sessions.

**Please note that some cases require special follow-up and different management. Please take into consideration the instructions and recommendations specific to your situation according to your medical condition.*



Signs of complication

Seek help if one or more of the following signs of complications appear:

- Redness, swelling, local heat (these signs are normal within the first 24-48 hours of placement);
- Persistent drainage and/or foul odour after cleaning;
- Significant increase in pain;
- Onset of fever;
- Opening of the wound;
- Partial withdrawal or suspicion of partial withdrawal of the drain for long-term catheters.

If you notice fluid leaking through your catheter or blood flowing around the drain or if your dressing is loose, you should also seek help.

