

# Caring for Your Tenckhoff® Catheter

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## Introduction

You will have a Tenckhoff® catheter to drain fluid from your abdomen. A catheter is a thin, flexible tube. The Tenckhoff is placed into the lower part of the abdominal cavity to drain fluid called ascites (ah-SYE-teez). This relieves bloating and breathing problems that ascites may cause. Your nurse will show you how to drain ascites and change the dressing. You will also learn the signs and symptoms that you must report.

Caring for your Tenckhoff will become part of your daily routine. Talk with your doctor and nurse if you have questions. Use this booklet to help you recall the instructions.

## About the Catheter

The Tenckhoff catheter is a drainage system. The catheter is inserted into your abdomen. A portion of the catheter is tunneled under your skin. This is to keep it from shifting and to lower the risk of infection. About seven inches of the catheter will extend out of your abdomen. There will be a surgical stitch around the catheter securing it to your skin. The end of the Tenckhoff that is outside your abdomen will have an On/Off switch called a flow switch. It will be capped. (See Figure 1.)

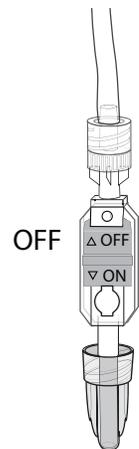


Figure 1

## Preparation

Please follow these instructions to prepare for the placement of the Tenckhoff:

- Review the aspirin card. Your nurse or doctor's office staff will give you this card. It tells you what products have aspirin and anti-inflammatory drugs. It also tells you when to stop taking them and what you can take instead.
- Ask your doctor what to do if you take:
  - Blood thinners such as warfarin (Coumadin®), clopidogrel (Plavix®), or cilostazol (Pletal®).
  - Medicine for diabetes.
- Call your doctor if you develop any illness within two days of your procedure. This includes a fever, cold, flu, or a sore throat.
- Do not eat solid food after midnight the night before your procedure.
- You may eat or drink clear liquids up to two hours before your procedure. These include:
  - Water.
  - Apple or cranberry juice.
  - Coffee or tea without milk.
  - Jell-O®.

If you are coming in from home for your procedure, you will receive two telephone calls one business day before your procedure. If your procedure is on a Monday, you will be called on Friday. It is important that we have a phone number where we can reach you. It could be your home, office, hotel, or cell phone. If you give us your cell phone number, make sure the phone is charged and turned on.

A nurse will call you between 8:00 am and 7:00 pm to:

- Review your instructions.
- Confirm information about your procedure.
- Complete a brief assessment.
- Answer your questions.
- Tell you where you should go.

If you do not receive a call by 7:00 p.m., please call (212) 639-6689.

Someone from the Admissions Center will call you between 3:00 p.m. and 7:00 p.m. to:

- Tell you when to arrive.

If you do not receive this call by 7:00 p.m., please call (212) 639-7881.

On the day of the procedure, please be aware that many things can impact the start time of your procedure. The procedure before yours may last longer than expected. An emergency may need to be done in the room you are scheduled for. If there is a delay in your start time, we will let you know.

## **The Day of Your Procedure**

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- You may shower, but do not apply any cream or lotion.
- Take all medicines you normally take (except blood thinners and those on the aspirin card) with water or another clear liquid.
- If you use contact lenses, wear glasses instead. If you do not have glasses, bring a container for your contact lenses.
- If you are being admitted to the hospital for the procedure:
  - Bring your medicines with you on the day of the procedure.
  - Leave valuables and jewelry at home.
  - Bring only the money you need (e.g., for a newspaper or parking costs).
  - Bring your Memorial outpatient ID card.
  - Enter the hospital through the main entrance at 1275 York Avenue. Turn right to check in at the Admissions Center. After you are admitted, you will be sent to the Pre-Surgical Center on the 6th floor.

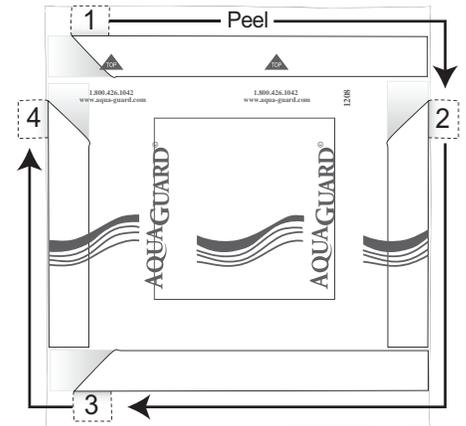
An interventional radiologist will review the procedure with you. You will then need to sign a consent form. From start to finish, the procedure lasts about one hour. Most patients stay in the hospital one to two days.

If you do not already have an intravenous (IV) line, one will be started. It will be used to give you medicine to help you relax. Most patients have little if any discomfort during the procedure. The skin in the area where the Tenckhoff will be placed will be numbed with a local anesthetic.

At the end of the procedure, there will be a dressing over the catheter exit site. The small incision where the catheter was placed will have either a dressing over it or a shiny coating of skin glue. This special skin glue is called Dermabond®.

## After The Procedure

- You will need to stay in bed for three hours. You will either stay in our post procedure area or return to your hospital room. **When you are ready to get out of bed, call the nurse.** Your reflexes will be slow and you may feel drowsy. You could easily fall if you try to get up without help.
- Your abdomen may feel softer because some ascites is drained during the procedure.
- Ask for medicine if you feel pain at the incision site.
- You may shower after 48 hours. AquaGuard® is a one time use waterproof cover. Each time you shower, cover the catheter with a new AquaGuard to protect it from getting wet. The edges of the AquaGuard have peelable tape. Fold over a corner of each side of the tape. (See illustration.) Hold the AquaGuard with the arrows pointing towards your head. Peel off the top strip and place the top edge of the AquaGuard above the dressing (if you have one). Smooth it down. Then grab a folded corner and peel down one side, smoothing as you go. Do the bottom and remaining side the same way. If you have a dressing, don't let the tape on the AquaGuard touch the dressing. It can lift your dressing when you remove the AquaGuard after showering.
- Do not take a tub bath or swim while you have the catheter.
- The stitch holding the catheter may come off by itself after the area heals. If the stitch comes off in less than two weeks, it must be replaced. Call the nurse in Interventional Radiology to see when you should come in. The number is at the end of this booklet. If the stitch is uncomfortable, it can be removed after two weeks. You can ask your doctor or the nurse in Interventional Radiology to remove it.
- If your doctor closed your small incision with Dermabond, do not scratch, pick or pull it off. Do not apply creams or lotions on it. It will fall off on its own in one to two weeks.



## How to Drain the Fluid

Drain the ascites daily unless your doctor or nurse gives you different instructions. Write the amount drained in the chart on page 8.

1. Prepare a clean area. Clean a table with a cleaning agent and then spread clean paper towels on the surface. Do not drain the fluid in the bathroom.
2. Wash your hands or clean them with an alcohol hand gel.
3. Gather your supplies:
  - Sterile cap
  - Non-sterile gloves (optional)
  - Two alcohol swabs
  - Graduated cylinder
4. Place a stool next to a chair at your work area. The stool should be low enough that the cylinder can rest below your abdomen.
5. Place the cylinder on the stool and then sit in front of your work area.
6. Open the package containing the new sterile cap to have it ready. Separate the two parts with a twisting motion. Leave both parts in the package.

7. Open the two alcohol swabs.
8. Put on the non-sterile gloves if you wish.
9. Hold your Tenckhoff in your non-dominant hand. Check to make sure the flow switch is in the Off position. (See Figure 1.)
10. Remove the cap from the flow switch with a twisting motion. Discard the cap.
11. Clean the exposed end of the flow switch with one alcohol swab. (See Figure 2.)
12. Hold the end over the cylinder. Do not let the end of the flow switch touch the sides of the cylinder.
13. Slide the flow switch by pushing it away from the Tenckhoff to turn it on. (See Figure 3.) You will hear a click when it is in the open position. The fluid will flow into the cylinder. If the fluid stops draining and you think there is still some left in your abdomen, shift from one side to other. It can take five to ten minutes for the fluid to drain.

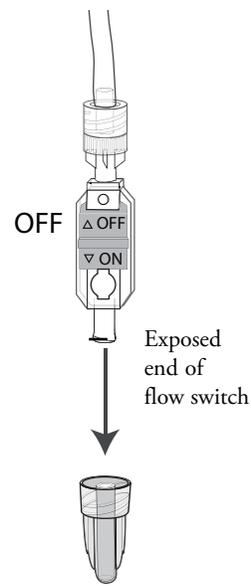


Figure 2

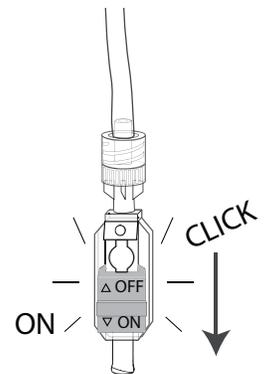


Figure 3

14. After about 500mL or the amount your doctor or nurse tells you should drain, slide the flow switch OFF by pushing it towards the cylinder. **Never drain more than your doctor told you without speaking to your doctor first.** Draining too much can make you sick.
15. Clean the end of the flow switch with the second alcohol swab. Twist the new light blue cap on the end of the flow switch.
16. Note the amount of drainage. Record it on the flow sheet at the back of this booklet. You may flush the drainage in the toilet.
17. Remove and discard the gloves. Wash your hands or clean them with an alcohol hand gel.
18. Clean the cylinder with antibacterial dish soap. Allow to air dry.

## Dressing Care

Change the dressing once a week or when it becomes soiled or wet.

1. Wash your hands with soap and water.
2. Gather the equipment you will need:
  - Waste basket
  - 2 Primapore dressings
  - Mild soap and water
  - Non-sterile gloves
  - Alcohol swabs
  - Gauze pads
  - Skin Prep® protective wipes
  - UC strip to secure the end of the catheter

3. Wash your hands and put on a pair of non-sterile gloves.
4. Gently remove the dressing while you hold the catheter to avoid pulling.
5. Throw away the old dressing.
6. Hold the catheter firmly. Clean the exit site and the skin around it with a gauze pad dampened with soapy water. To clean the catheter, hold the catheter and wrap moist gauze around it. To prevent pulling, keep holding it while sliding the gauze down the length of the catheter.
7. Rinse with fresh, damp gauze and dry the catheter and skin with fresh gauze.
8. Wipe around the insertion site with Skin Prep.
9. Check the insertion site for:
  - Redness
  - Foul-smelling drainage
  - Leakage in the area

**If you have any of these signs of infection or a temperature higher than 100.4° F (38°C), call your doctor after you finish the dressing change.**

10. Place the Primapore dressings over catheter site. One should be centered over the insertion site. The second dressing should be shifted down a half of an inch to allow the adhesive on the dressing to further secure the catheter.
11. Remove the backing from the center of the UC strip to expose the adhesive. (See Figure 4.)
12. Place the exposed center section of the adhesive onto the catheter. (See Figure 5.) Press the adhesive around the catheter. The remaining adhesive will stick together.
13. Select a position for the UC strip. There should be **no pull or tension on the catheter**. There should be a gentle bowing of the catheter.
14. Remove the backing paper from each side of the UC strip. Smooth one at a time onto the abdomen. The UC strip will prevent pulling, tension, or kinking of the catheter. (See Figure 6.)
15. Discard your gloves and wash your hands.

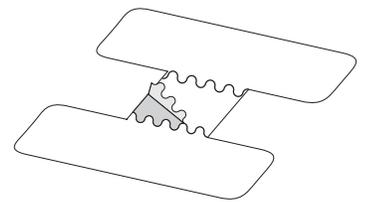


Figure 4

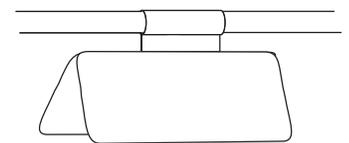


Figure 5

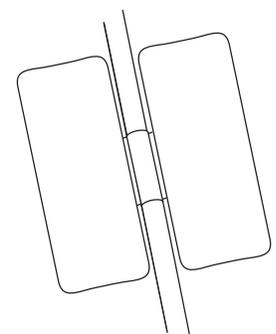


Figure 6

## Care Chart

Activity	When
Drain fluid	Daily, unless your doctor or nurse gives you different instructions
Change the dressing	Once a week or when soiled or wet

## Problem Solving

Here are some common problems patients encounter.

**Problem:** There is no fluid coming out when draining.

### What to do:

- Check to see if you removed the cap on the flow switch.
- Check flow switch to make sure it is firmly clicked in the “ON” position.
- Change position. Tilt from side to side.
- Check for kinks in the catheter.

If these steps do not resolve the problem, **call the nurse or fellow in Interventional Radiology**. The numbers are at the end of the booklet.

**Problem:** Dressing gets soaked at the catheter exit site.

### What to do:

Make sure when you are showering that your catheter is well covered. If your dressing gets wet during showering, change the dressing immediately afterward.

If the wetness is occurring throughout the day from leaking ascites, your doctor may want to change your drainage schedule. Call the nurse or fellow in Interventional Radiology.

## Call Your Primary Doctor or Nurse If You:

- Feel lightheaded or dizzy.
- Have a temperature greater than 100.4°F (38°C).
- Have the following or if you have any other concerns:
  - You have much less or much more drainage than you normally have.
  - The fluid looks different than usual.
  - The drainage is bloody, has an odor, or is cloudy.

## Call Interventional Radiology If You:

- Have redness around the exit site of the tubing.
- Have pain at the exit site or in your abdomen.
- Think the catheter may have become dislodged.

## Ordering Information

Your nurse will give you enough supplies when you go home to last for two weeks. In most cases, the visiting nurse service will order supplies after that. If you need to order supplies yourself, you can order them from General Stores at the hospital. You can also order from the company.

<u>Item</u>	<u>MSKCC Number</u>
Adhesive remover	3170
Alcohol swabs	3330
Non-latex, non-sterile gloves	4480
Male/female sterile cap	4092
Measuring cylinder	4860
Primapore dressing 1¾ x2¾	3199
Skin Prep	3332
UC strip catheter tubing fastener	2676
Gauze pads	3424
AquaGuard	3294

## Interventional Radiology Contact Information

For any issue related to your procedure, please contact Interventional Radiology. Monday through Friday, 9AM to 5PM, call 212-639-2236 and ask for the nurse. After hours and on the weekends, call the paging operator, 212-639-2000 and ask for the Interventional Radiology Fellow on call.

In addition, you can contact your primary doctor.

