About Your Tenckhoff® Catheter

This information describes the insertion of your Tenckhoff® catheter at Memorial Sloan Kettering (MSK) and explains how to care for it.

You will have a Tenckhoff catheter (thin, flexible tube) placed in the lower part of your abdomen (belly) to drain fluid called ascites (ah-SYE-teez). Ascites may cause you to feel pressure and discomfort in your abdomen.

For your procedure, your doctor will make a small incision (surgical cut) on your abdomen. They will place the catheter through this incision to allow the ascites to drain. A part of the catheter will be tunneled under your skin through this incision. This is done to keep the catheter from moving and to lower your risk of infection.

The part of the catheter that will extend outside your abdomen at the exit site will be secured with a suture (stitch) to your skin. This part of the catheter will have an on/off switch, called a flow switch, with a small disposable cap on the end of it (see Figure 1). The ascites will drain from your abdomen through the catheter into a cylinder when this switch is turned on.

Your nurse will show you how to drain ascites with your catheter and change the dressing. You will also learn the signs and symptoms that you need to report to your doctor. Talk with your doctor and nurse if you have questions.

Figure 1. Flow switch on the catheter
Before Your Procedure

Ask about your medications

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

If you take medication that affects the way your blood clots, ask the doctor performing your procedure what to do. The doctor’s contact information is listed at the end of this resource. Some examples of these medications are:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand Name</th>
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<tbody>
<tr>
<td>apixaban</td>
<td>Eliquis®</td>
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<tr>
<td>dalteparin</td>
<td>Fragmin®</td>
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<tr>
<td>meloxicam</td>
<td>Mobic®</td>
</tr>
<tr>
<td>ticagrelor</td>
<td>Brilinta®</td>
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<tr>
<td>aspirin</td>
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<tr>
<td>dipyridamole</td>
<td>Persantine®</td>
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<tr>
<td>nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®)</td>
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</tr>
<tr>
<td>tinzaparin</td>
<td>Innohep®</td>
</tr>
<tr>
<td>celecoxib</td>
<td>Celebrex®</td>
</tr>
<tr>
<td>edoxaban</td>
<td>Savaysa®</td>
</tr>
<tr>
<td>pentoxifylline</td>
<td>Trental®</td>
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<tr>
<td>warfarin</td>
<td>Coumadin®</td>
</tr>
<tr>
<td>cilostazol</td>
<td>Pletal®</td>
</tr>
<tr>
<td>enoxaparin</td>
<td>Lovenox®</td>
</tr>
<tr>
<td>prasugrel</td>
<td>Effient®</td>
</tr>
<tr>
<td>clopidogrel</td>
<td>Plavix®</td>
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<tr>
<td>Fondaparinux</td>
<td>Arixtra®</td>
</tr>
<tr>
<td>rivaroxaban</td>
<td>Xarelto®</td>
</tr>
<tr>
<td>dabigatran</td>
<td>Pradaxa®</td>
</tr>
<tr>
<td>heparin</td>
<td>(subcutaneous shot)</td>
</tr>
<tr>
<td>sulfasalazine</td>
<td>Azulfidine®, Sulfazine®</td>
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</table>

Whether he or she recommends you stop taking it will depend on the reason you are taking it. Do not stop taking any of these medications without talking with your doctor.

- Review the information in the resource Common Medications Containing Aspirin and Other Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). It includes important information about medications you’ll need to avoid before your procedure and what medications you can take instead.
- If you take insulin or other medications for diabetes, you may need to change the dose before your procedure. Ask the doctor who prescribes your diabetes medication what you should do the morning of your procedure.
Arrange for someone to take you home
You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

Agencies in New York
Partners in Care: 888-735-8913
Caring People: 877-227-4649

Agencies in New Jersey
Caring People: 877-227-4649

Tell us if you’re sick
If you develop any illness (fever, cold, sore throat, or flu) before your procedure, please call a nurse in Interventional Radiology at 212-639-2236. A nurse is available Monday through Friday from 9:00 AM to 5:00 PM. After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the Interventional Radiology fellow on call.

Note the time of your appointment
A staff member from Interventional Radiology will call you 2 business days before your procedure. He or she will tell you what time you should arrive at the hospital for your procedure. If your procedure is scheduled on a Monday, you will be called on the Thursday before. If you don’t receive a call by 12:00 PM the business day before your procedure, please call 212-639-5051.

If you need to cancel your procedure for any reason, please call the doctor who scheduled it for you.
Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure

Things to remember

- Take your medications the morning of your procedure as instructed by your doctor. Take them with a few sips of water.
- Do not apply cream or petroleum jelly (Vaseline®). You can use deodorant and light moisturizers. Do not wear eye makeup.
- Remove any jewelry, including body piercings.
- Leave all valuables, such as credit cards and jewelry, at home.
- If you wear contact lenses, wear your glasses instead, if possible. If you don’t have glasses, please bring a case for your contacts.
- Wear loose, comfortable clothing

What to bring with you

- A list of the medications you take at home
- Medications for breathing problems (such as inhalers), medications for chest pain, or both
- A case for your glasses or contacts
Your Health Care Proxy form, if you have completed one

If you use a CPap or BiPAP machine to sleep at night, please bring your machine with you, if possible. If you can’t bring your machine with you, we will give you one to use while you are in the hospital.

Where to go

- **Memorial Hospital**
  1275 York Avenue (between East 67th and East 68th Streets), New York, NY 10065
  Parking at MSK is available in the garage on East 66th Street between First and York Avenues. To reach the garage, enter East 66th Street from York Avenue. The garage is located about a quarter of a block toward First Avenue, on the right (north) side of the street. A pedestrian tunnel connects the garage to the hospital. For questions about pricing, call 212-639-2338. There are also nearby commercial garages on East 69th Street between First and Second Avenues and on East 65th Street between First and Second Avenues.

  When you arrive at Memorial Hospital, take the M elevator to the 2nd floor. Enter through the glass doors and check in at the desk.

- **Memorial Sloan Kettering Westchester**
  500 Westchester Avenue, West Harrison, NY 10604
  When you enter the building, check in at the reception desk and they will direct you to Interventional Radiology

What to expect

Once you arrive at the hospital, doctors, nurses, and other staff members will ask you to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having procedures on the same day.

If you don’t have an intravenous (IV) catheter, your nurse will put one in. Your healthcare provider will give you an injection of local anesthesia to numb the skin in the area where the catheter will be placed. Your doctor will make a small incision to place the catheter in your abdomen. Your incision will be covered with a dressing or a special type of glue called Dermabond®. You will also have
After Your Procedure

- Your abdomen will feel softer because the ascites will be drained during your procedure.
- You may have some discomfort at your incision site. Ask your nurse for medication to relieve your pain.
- You can remove the dressing over your incision 24 hours after your procedure.
- Keep on the dressing over your catheter.
- The suture holding your catheter may come off by itself after the area heals. If the suture comes off before 2 weeks have passed, it must be replaced. Call your nurse in Interventional Radiology to schedule the appointment. The number is listed at the end of this resource.
  - The suture can be removed 2 weeks after your procedure, if it is uncomfortable. Ask your doctor or nurse in Interventional Radiology to remove it.
- If you had surgical glue covering your incision, it will fall off in 1 to 2 weeks. Do not scratch it or apply any creams or lotions on it.

Showering

You can shower after 48 hours after your procedure. Do not take a tub bath or swim while you have your catheter.

When you shower, make sure that your catheter is covered to prevent it from getting wet. Every time you shower, you will need to cover your catheter with AquaGuard®, which is a one-time use waterproof cover.

Applying the AquaGuard

1. The edges of the AquaGuard have peelable tape. Fold over a corner of each side of the tape (see Figure 2).
2. 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.
Smooth it down.

3. Then grab a folded corner and peel down one side, smoothing as you go.

4. Do the bottom and remaining side the same way.

Don’t let the tape on the AquaGuard touch the dressing. It can lift your dressing when you remove the AquaGuard after showering.

Caring for Your Tenckhoff Catheter

Caring for your catheter involves draining the fluid and changing the dressing.

Draining the fluid

Drain the fluid every day unless your doctor or nurse gives you different instructions. Many people may start by draining 250 mL two times a day. Your doctor will recommend an amount for you based on how comfortable you feel after draining. Never drain more than your doctor told you without speaking with your doctor first. Draining too much can make you sick. Write down the amount of drainage that you have on the chart at end of this resource.

Supplies

- Sterile cap
- Non-sterile gloves (optional)
- 2 alcohol swabs
- Graduated cylinder
- Clean paper towels
- Waste basket to throw away old supplies
1. Prepare a clean area in which to work. Place a stool and chair in your work area. The stool should be low enough that the cylinder can rest below your abdomen when sitting. Clean the stool and then spread clean paper towels over it. Do not drain the fluid in the bathroom.

2. Wash your hands thoroughly with warm water and soap or use an alcohol based hand sanitizer.

3. Gather your supplies.

4. Place the cylinder on the stool and then sit on the chair.

5. Open the package containing the new sterile cap. Leave the cap in the package and don’t touch it.

6. Open the 2 alcohol swabs.

7. Put on the non-sterile gloves, if you wish.

8. Hold your catheter in your non-dominant hand (the hand you don’t write with). Check to make sure the flow switch is in the “Off” position (see Figure 3).

9. Using a twisting motion, remove the cap from the flow switch and throw it out.

10. Clean the exposed end of the flow switch with one alcohol swab.

11. Hold the end of the flow switch over the cylinder. Do not let the end of the flow switch touch the sides of the cylinder.

12. Slide the flow switch to the “On” position (see Figure 4). You will hear a click when it is in the open position. The fluid will start to flow into the cylinder. If the fluid stops draining and you think there is still some left in your abdomen, shift from side to side. It can take 5 to 10 minutes for the fluid to drain.
13. Once the correct amount of fluid drains, slide the flow switch to “Off” by pushing it toward the cylinder.

14. Clean the end of the flow switch with the second alcohol swab. Twist the new light blue sterile cap onto the end of the flow switch. **Do not over tighten the cap.** If you overtighten the cap, you may break the cap or not be able to take it off next time.

15. Note the amount of drainage in the cylinder. Write it down on the “Drainage Record” chart at the end of this resource.

16. Flush the drainage down the toilet.

17. If you were wearing gloves, remove and throw them away. Wash your hands thoroughly with warm water and soap or use an alcohol-based hand sanitizer.

18. Clean the cylinder with antibacterial dish soap. Allow it to air dry.

**Changing the dressing**

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

**Supplies**

- 2 Primapore dressings
- A solution of mild soap and water
- Non-sterile gloves
• Alcohol swabs
• Gauze pads
• Skin Prep® protective wipes
• UC strip to secure the end of the catheter
• Waste basket to throw away old supplies

1. Gather your supplies.
2. Wash your hands thoroughly with warm water and soap or use an alcohol based hand sanitizer. Put on a pair of non-sterile gloves.
3. Gently remove the dressing while you hold the catheter to avoid pulling.
4. Throw away the old dressing.
5. Hold the catheter firmly. Moisten a gauze pad with soapy water and use it to clean the exit site and the skin around it.
6. Clean the catheter by holding it and wrapping the moist gauze pad around it. To prevent pulling, keep holding it while sliding the gauze down the length of the catheter.
7. Rinse the catheter and exit site with a fresh, damp gauze pad and dry the catheter and your skin with a new dry gauze pad.
8. Wipe around the insertion site with a Skin Prep protective wipe.
9. Check the insertion site for signs of infection, such as:
   • Redness
   • Foul-smelling drainage
   • Leakage in the area

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

10. Place the Primapore dressings. One dressing should be centered over the insertion site. The second dressing should be shifted down one-half inch below the insertion site to allow the adhesive on the dressing to secure the catheter.
11. Remove the backing from the center of the UC strip to expose the adhesive (see Figure 5).

![Figure 5. Removing backing from UC strip](image)

12. Place the exposed center section of the UC strip adhesive on the catheter (see Figure 6) and surround the catheter so that the center section of the UC strip touches around the catheter.

![Figure 6. Placing center section of UC strip on catheter](image)

13. Select a position for the UC strip. Make sure that the catheter is not being pulled tightly. There should be a gentle bowing of the catheter.

14. Remove the backing paper from each side of the UC strip. Smooth one side at a time onto your abdomen. The UC strip will prevent pulling, tension, or kinking of your catheter (see Figure 7).

![Figure 7. UC strip on the catheter](image)
15. Throw away your gloves and wash your hands.

**Addressing common problems with your catheter**

Here are some common problems people encounter with the Tenckhoff catheter.

**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 the flow switch to make sure it is firmly clicked in the “On” position.
- Change your position. Tilt from side to side.
- Check for kinks in the catheter.

If these steps do not resolve the problem, call your nurse or fellow in Interventional Radiology.

**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 your nurse or fellow in Interventional Radiology.

**Call Your Primary Doctor or Nurse at MSK if You:**

- Feel lightheaded or dizzy
- Have a temperature of 100.4°F (38°C) or higher
- Have any of the following symptoms:
  - 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
- Have any questions or concerns

Call Interventional Radiology if You:

- Have redness around the exit site of your catheter
- Have pain at the exit site of your catheter or in your abdomen
- Think the catheter may have become pulled out

Contact Information

If you have any questions or concerns, please call Interventional Radiology at 212-639-2236. You can reach a staff member Monday through Friday from 9:00 AM to 5:00 PM. After 5:00 PM, during the weekend, and on holidays, please call 212-639-2000 and ask for the fellow on call for Interventional Radiology.

Ordering Supplies

Your nurse will give you enough supplies when you go home to last for 2 weeks. In most cases, the visiting nurse service will order your supplies after that.

If you want to order supplies yourself, call Interventional Radiology at 212-639-2236 to place your order using the supply order numbers below. You can pick up your order 2 business days later at the IR Clinic, 16 East 60th Streets, between Fifth and Madison Avenues.

Supply order numbers

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<thead>
<tr>
<th>Item</th>
<th>Supply Number</th>
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<tbody>
<tr>
<td>Adhesive remover (1 box)</td>
<td>31705</td>
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<tr>
<td>Alcohol wipes (1 box)</td>
<td>33305</td>
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<tr>
<td>UC Strip catheter fastener (1 box)</td>
<td>26762</td>
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<tr>
<td>Primapore dressing 1 3/4 x 2 3/4</td>
<td>3199</td>
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<tr>
<td>Male/female sterile cap</td>
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<td>Non-sterile gloves (1 box)</td>
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<td>Plain gauze (1 package)</td>
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<td>Skin Prep (1 box)</td>
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<td>Measuring cylinder</td>
<td>4860</td>
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<td>AquaGuard (1 box)</td>
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**Drainage Record**

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For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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