

## 00112 Laparoscopic Adjustment for Non-functioning Peritoneoscopically-inserted PD Catheters; A Retrospective Review

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**Aims:** We aim to study the intra-operative findings and surgical procedures during laparoscopic adjustment performed for post-peritoneoscopic insertion PD catheter malfunction.

**Methodology:** A retrospective study of clinical records of all cases of PD catheters inserted peritoneoscopically in Tan Tock Seng Hospital between 30th January 2012 and 27th October 2016 was conducted.

From the total of 224 cases, 14 patients underwent laparoscopic adjustment. The operative findings, surgical procedures, post-operative complications and functional status on follow-up were analysed.

**Result:** Intra-operative findings include catheter migration, omental wrapping, adhesions and catheter lumen blockage. 11 of 14 patients had 2 or more findings (mean 2.2 findings). Catheter malposition, luminal obstruction and adhesions were the most common findings.

9 patients had luminal obstruction, 7 by debris and 2 by fallopian tube. A combination of flushing and manipulation using laparoscopic instruments cleared obstructions.

In all 14 cases, repositioning of PD catheter was performed, followed by suture fixation in 11 cases. Adhesions were observed in 7 patients, and adhesiolysis was performed to optimise PD function in 4 patients. Omentopexy was carried out in 9 patients, 6 for patients found to have omental wrapping and 3 for patients with redundant omentum at risk of omental wrapping.

Average length of stay was 1.21 days. Post-operative complications were reported in 4 patients (28.4%), all grade 2 on the Clavien-Dindo classification: 2 hemoperitoneums and 2 abdominal wall hematomas. All resolved spontaneously with conservative management. On follow-up, 79% of laparoscopically-adjusted catheters remained functional (mean follow-up period 384 days)

**Conclusion:** Malfunctioning PD catheters after peritoneoscopic insertion are referred for laparoscopic adjustment. The most common findings include catheter malposition, luminal obstruction and omental wrapping. Repositioning and suture fixation of catheters, omentopexy and clearance of luminal obstruction were the common procedures performed. At mean follow-up of 384 days after laparoscopic adjustment, close to 80% of patients maintained PD catheter function.