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Theme	**Kidney Failure (Former ESKD), incl. Dialysis, Transplantation, Conservative Care**
Topic	**Peritoneal Dialysis**
Consider for a Young Nephrologists Award	**Do not consider for a Young Nephrologists Award**
Abstract title	**BANDUNG METHOD, A TECHNIQUE TENCKHOFF CATHETER INSERTION ON CONTINUOUS AMBULATORY PERITONEAL DIALYSIS PATIENTS IN INDONESIA**
Keywords	**peritoneal dialysis** **chronic kidney disease** **catheter insertion** **hemodialysis** **capd**

Introduction

Beyond the time, Chronic Kidney Disease (CKD) is increasingly recognized as a global public health problem in the world especially in West Java, Indonesia. Kidney transplant, Continuous Ambulatory Peritoneal Dialysis (CAPD), and hemodialysis, are to be regarded as life-extending treatment, in the context of kidney replacement therapy. Subsequently, there are several procedures for Tenckhoff catheter placement that have been utilized. There is the modification of Seldinger technique, that is called Bandung Method.[1] The aim of this study showed the clinical advantages of Tenckhoff catheter insertion using Bandung technique.

Methods

We conducted a retrospective cohort study included data of all CAPD patients with Tenckhoff catheter insertion using Bandung Method through May 2012 until September 2015 in Hasan Sadikin and Habibie Hospital, Bandung, Indonesia.

Results

The 134 catheters were inserted, mostly in 88 male patients (65.67%). The mean total male patients' age were older than female patients' (respectively, 49.55 ± 14.41 vs 43.54 ± 14.59 years old; p = 0.02). The causes of CKD were hypertension 42 (31.34%), diabetes 40 (29.85%), glomerulopathy 28 (20.90%), pyelonephritis chronic 17 (12.69%), nephritis lupus 3 (2.24%) and unknown 4 (2.99%). There were 27 (20.15%) complications occurred for acute and chronic, mostly peritonitis 10 (7.46%) and catheter obstruction 8 (5.97%), while the rest were catheter malposition 6 (4.48%), infection of site 1 (0.75%), and bleeding 2 (1.49%). Mortality rate during this period was 12 (8.98%), but no caused by insertion.

Table 1. The baseline characteristic 134 patients of CAPD May 2012 – September 2015 in Bandung, Indonesia

Variables	N (%)	p
Sex		
Male	88 (65.67%)	
Female	46 (34.33%)	
Age (yo)	**mean±SD**	
Male	49.55±14.41	0.02
Female	43.54±14.59	
Cause of CKD		
HRD	42 (31.34%)	
DKD	40 (29.85%)	
Glomerulopathy	28 (20.90%)	
PNC	17 (12.69%)	
Nephritis Lupus	3 (2.24%)	
Unknown	4 (2.99%)	
Complication	**27 (20.15%)**	
Malposoition	6 (4.48%)	
Infection of site	1 (0.75%)	
Peritonitis	10 (7.46%)	
Obstuction	8 (5.97%)	
Bleeding	2 (1.49%)	
Survival	**122 (91.02%)**	
Cause of Death	**12 (8.98%)**	
Imbalanced Electrolyte	2 (1.49%)	
IMA	1 (0.75%)	
CAP (Pneumonia)	1 (0.75%)	
Status Asthmaticus	1 (0.75%)	
Hypoalbumine	1 (0.75%)	
CVD	1 (0.75%)	
Septic, Shock septic	1 (0.75%)	
Stroke	1 (0.75%)	
Unknown	3 (2.24%)	

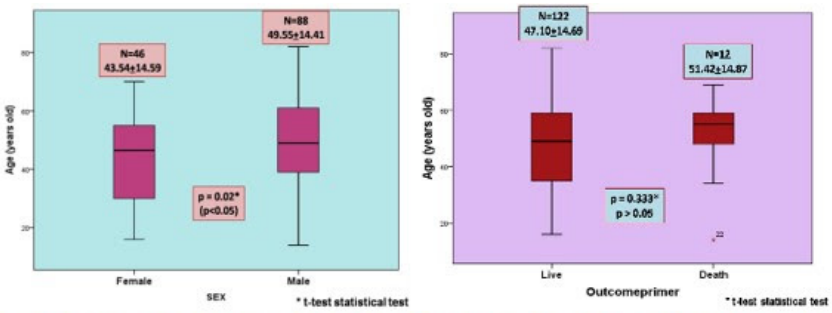

Figure 1. The difference mean of age by sex (a) and death (b) on CAPD patients in Bandung, Indonesia, May 2012 – September 2015

With the Bandung method, there were no instances of pericatheter leakage despite a break-in period of approximately 5 days, with CAPD starting 6 days after catheter placement. Early initiation of PD did not appear to result in more frequent pericatheter leakage. Less pericatheter leakage and a shorter break-in period in the Bandung method might be caused by fascia suturing over rectus abdominis.[1] Bleeding is a common early complication, especially in patients subjected to long subcutaneous tunneling.[2] Only 2 patients of bleeding occurred among our patients and lower than other studies.[3] Peritonitis is the most common to stop CAPD.[4] In our study, there were 10 episodes of peritonitis (7.46%) occurred, lower than with the open surgery technique (13%).[5]

Conclusions

Tenckhoff catheter insertion using Bandung Method is effective and has additional advantages of very low incidence of acute complications during catheter placement, such as bleeding and peritonitis. There is no mortality caused by tenckhoff catheter insertion using Bandung Method.

References

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Declaration **I have no potential conflict of interest to disclose.**

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