

Q5 WHICH OF THE FOLLOWING IS NOT A POTENTIAL ADJUNCTIVE THERAPY?

- A. Addition of heparin 500 u/l
- B. Addition of icodextrin for volume overload
- C. Rapid exchanges as peritoneal lavage
- D. Addition of nystatin swish and swallow

The correct answer is C.

The addition of low dose heparin can be especially helpful in case of cloudy effluent which results from inflammatory byproducts and fibrin occluding a catheter lumen.

The peritoneal transport characteristics often times increase during peritonitis due to inflammatory angiogenesis and increased permeability. For this reason, volume overload is a potential complication during peritonitis. It is suggested to consider a dwell of icodextrin in conjunction to standard therapy in cases of volume overload.

Prophylaxis against fungal peritonitis with antifungal therapy is essential, and it is most commonly administered via nystatin swish and swallow or oral fluconazole.

Often times at the onset of peritonitis and before antibiotics, one of two rapid exchanges can be performed to alleviate inflammatory pain. However there have been no studies to support this practice. In addition, two randomized controlled trials have shown that extended rapid peritoneal lavage throughout the first 24 hours or from day 3 to 5 did not improve cure or relapse rates. The ISPD now recommends against routine rapid peritoneal lavage specifically.

Additional reading:

<https://journals.sagepub.com/doi/epub/10.1177/08968608221080586>