

Table 5. Complications of acute intermittent peritoneal dialysis

Complications*		Number of episodes	Percent
Mechanical	Bleeding	201	30
	Peritoneal solution leak	167	25
	Abdominal pain	147	22
	Bowel perforation	1	0.15
Metabolic	Hyperkalemia	132	20
	Hyperglycemia	33	5
Infection	Peritonitis	17	2.5

* The patient may develop more than one complication at the same time

Bleeding from peritoneal cavity occurred in 201 episodes of dialysis, 143 of which were mild, 40 were moderate and 11 were severe bleeding required blood transfusion.

Dialysis solution leak occurred in 167 of the cases, 131 of them necessitated reinsertion of the catheter. One hundred forty seven patients complained of catheter-related pain. After an explanation and reassurance, 110 of them tolerated the pain. Thirty seven patients treated with analgesia for pain relief. Bowel perforation occurred in one patient who improved on conservative treatment and referred for HD.

Peritonitis occurred in 17 patients and all presented with turbid effluent fluid. Culture was positive in 12. Nine yielded mixed growth of

gram negative bacilli, two grew *staphylococcus aureus* and the one grew *pseudomonas aerogenes*. Treatment in 9 cases was intravenous cefotaxime. In two other cases intravenous vancomycin was used, last patient was treated with piperacillin.

PD catheters were removed in all cases to control the unsettled infection. Treatment was successful in all except three patients who died of overwhelming septicemia. Hypokalemia occurred in 132 patients and hyperglycemia in 33 patients. They were managed with potassium and insulin respectively. There were one hundred deaths during this study period and the causes of death are shown in Table 6.

Table 6. Causes of death in patients on intermittent peritoneal dialysis

Causes of death	Acute renal failure		Chronic renal failure		Total no.	P value
	No.	%	No.	%		
Septicemia	33	49.25	6	18.18	39	0.005
Brain stem stroke	20	29.85	16	48.48	36	0.11
Acute leukemia	3	4.48	-	-	3	0.54
Myocardial Infarction	8	11.94	7	21.21	15	0.36
Pericardial tamponade	-	-	4	12.12	4	0.55
Hepato-renal syndrome	3	4.48	-	-	3	0.54
Total	67	100	33	100	100	0.001

Sixty seven of the patients who died had acute renal failure while the remaining thirty three patients had chronic renal failure. Deaths were due to the underlying disease and not to uremia as plasma biochemistry was well controlled in

PD. Only four of the deaths can be attributed directly to uremia. Those patients developed pericardial tamponade soon after the initiation of PD. They presented with symptoms and signs of uremia. Their blood pressure was initially