

cryoprecipitate. Those patients who developed severe bleeding had different hematological disorders.

Peritonitis was a potentially serious complication. It occurred in 17 patients, giving a rate of 2.5%. This rate is low as compared with 17.2% recorded in the General Hospital Kuala Lumpur⁽¹¹⁾ and 15% in Hospital University Science Malaysia Zainal and Loo, 1992

However, rate is comparable with 0.1% to 2% which have been quoted in the literature^(12,13). The rate of peritonitis can be lowered by meticulous attention to aseptic technique during catheter insertion, followed by careful nursing care and the use of intra peritoneal prophylactic antibiotic.

The isolation of gram-negative organisms from the effluent fluid in nine out of twelve cases with positive culture was surprising. This may imply the presence of unsuspected intra-abdominal pathology.

Bowel perforation occurred in one patient (0.1%) which is low as compared with (2.5%) in Hospital University Science Malaysia.

The patient recovered well on antibiotics and was converted to hemodialysis. It is important to note that while treatment of bowel perforation may be conservative in some cases, most require laparotomy^(13,14) and this complication may be fatal⁽¹⁵⁾.

In conclusion, acute (stab) peritoneal dialysis was performed safely and effectively in Al-KindiTeaching Hospital, complication rates were nearly comparable to other studies, bleeding that occurred during PD was due to effect of uremia on platelet function, the rate of peritonitis can be lowered by using highly aseptic technique during catheter insertion and careful nursing care, use of intra peritoneal prophylactic antibiotic may have a role in decreasing the rate of peritonitis, and acute renal failure is associated with higher mortality rate and is related to underlying disease and co morbidity, rather than PD procedure itself.

Further study is recommended to assess the quantitative effect of PD in removal of excessive body fluid, to correlate between the delay in

initiation of PD and the rate of complications which definitely increase due to delayed referral, continuous type of PD is recommended in our country as a type of renal replacement therapy for both ARF and CRF especially for those who have contraindications to HD.

References

1. Ersoy FF. Improving technique survival in peritoneal dialysis: what is modifiable? *Perit Dial Int.* 2009 Feb;29 Suppl 2:S74-7
2. Maxwell MH, Rockney RE, Kleeman CR, et al. Peritoneal dialysis. 1. Technique and applications. *J Am Med Assoc.* 2006; 170(8):917-24.
3. Ansari N. Peritoneal dialysis in renal replacement therapy for patients with acute kidney injury. *Int J Nephrol.* 2011;739794. 1-10.
4. Tolkoff-Rubin N. Treatment of irreversible renal function. In: Goldman L, Schafer AI (eds). *Goldman's Cecil textbook of medicine*, 23rd ed. Philadelphia: WB Saunders, 2008; p.1033-5.
5. Vaamonde CA, Michael UF, Metzger RA, et al. Complications of acute peritoneal dialysis. *J Chronic Dis.* 2002; 28(11-12):637-59.
6. Steiner RW, Coggin C, Carvalho ACA. Bleeding time in uremia; a useful test to assess clinical bleeding. *Am J Hematol.* 2006; 7: 107-10.
7. Rabiner SF. Uremia bleeding. *Prog Hemost Thromb.* 2006; 1:233-5.
8. Janson PA, Jubelirer SJ, Weinstein MJ, et al. Treatment of the bleeding tendency of uraemia with cryo-precipitate. *N Engl J Med.* 2000; 303:1318-22.
9. Fried W. Hematologic aspects of uremia. In: Allen RN, Richard NF, Dominick EG. (eds). *Clinical dialysis*. 2nd (ed.) USA: Prentice Hall International Inc.;2002. p. 402-3.
10. Lin YK, Kosfield RE, Marcum SG. Treatment of uraemic bleeding with conjugated oestrogen. *Lancet.* 2002; ii: 887-90.
11. Fan KS, Suleiman AB. Complications of peritoneal dialysis: A review of 226 dialysis episodes in 100 consecutive patients treated with peritoneal dialysis. *Med J Malaya.* 2000; 40:101-6.
12. Maher JK, Scheiher GE. Hazards and complications of dialysis. *N Engl J Med.* 2001; 273:370-7.
13. Rubin J, Oreopoulos DG, Liu TT, et al. Peritonitis and bowel perforation in peritoneal dialysis. *Ann Intern Med* 2004; 81:403-7.
14. Dunca G. Peritoneal dialysis and haemodialysis. *Med Clin North Am.* 2000; 55:155-75.
15. Simkin EP, Wright FK. Perforating injuries of the bowel complicating peritoneal catheter insertion. *Lancet.* 2004; i: 64-7.

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