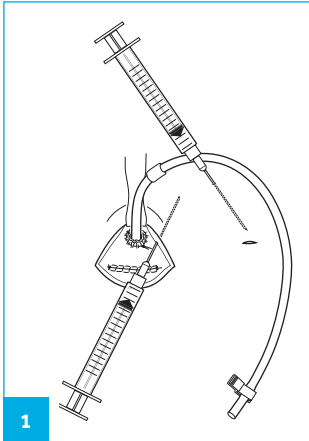
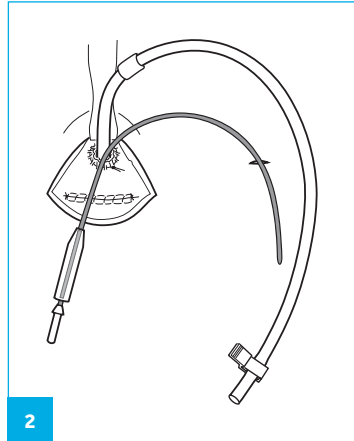


PERITONEAL DIALYSIS

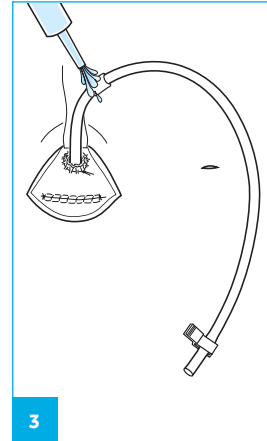
Catheter insertion guide: Creating a subcutaneous tunnel Using a peritoneal tunneling stylet



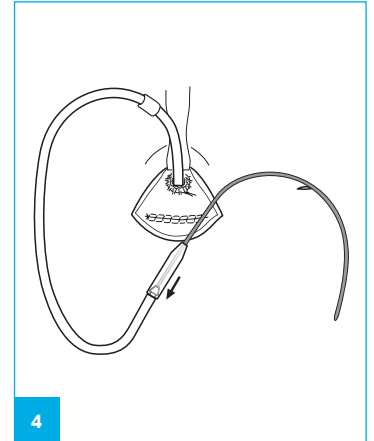
If necessary; anesthetize the skin exit site approximately 6 cm to one side of the entry site. Make a 5 mm incision.



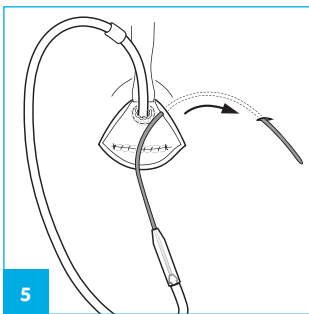
For a curved tunnel, place the tunneling stylet between the two incision sites and bend the stylet to match the desired shape of the tunnel (be sure the cap is on the plastic end of the stylet before creating the curve).



Wet the subcutaneous cuff thoroughly with saline.

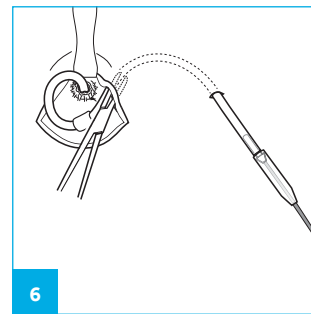


Attach the catheter to the tunneling stylet by pushing the catheter over the plastic end of the stylet until it meets the hub. Slide the cap over the connection. Remove the catheter clamp.

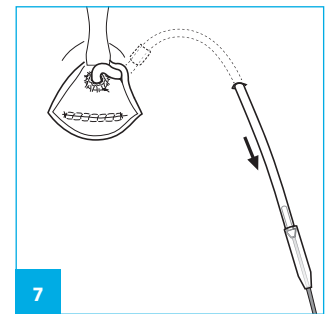


Insert the tip of the tunneling stylet into the primary incision. Thread the stylet through the tissue, creating a curved subcutaneous tunnel to the exit site. The catheter should exit at a downward angle to the skin.

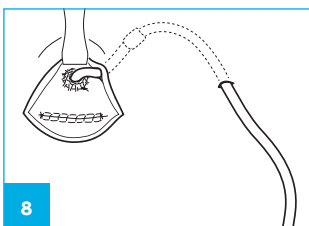
Note: Some physicians may prefer to make a straight tunnel. For efficient dialysis, slant a straight tunnel slightly upwards to lessen the risk of catheter migration.



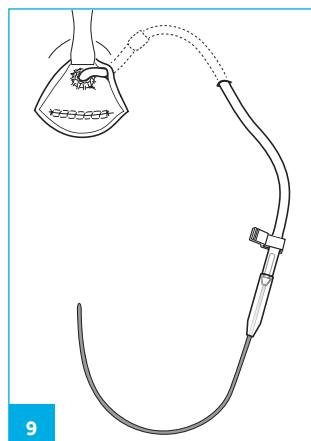
Spread the tunnel entrance with a hemostat to guide the cuff into the tunnel.



Pull the tunneling stylet through the exit site, positioning the catheter as desired in the tunnel.



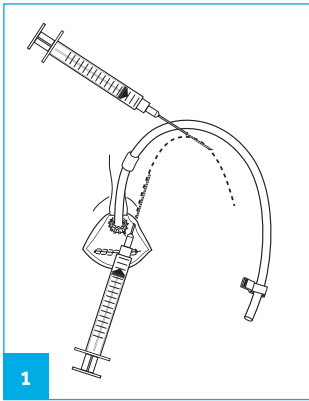
Position the cuff 2-3 cm from the exit, deep subcutaneously, to avoid cuff infection or extrusion. Clamp the catheter.



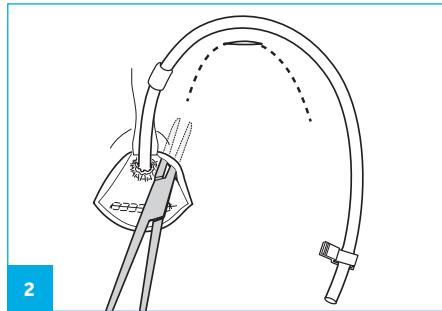
Detach the tunneling stylet carefully and discard.

PERITONEAL DIALYSIS

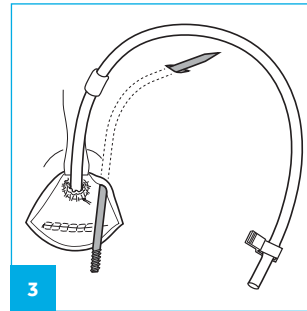
Catheter insertion guide: Creating a subcutaneous tunnel Using a Faller tunneling trocar



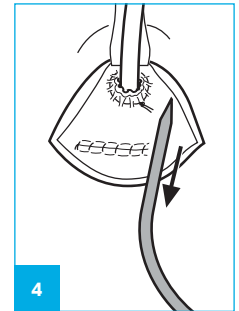
1
Anesthetize the tunnel path, including the highest point of the tunnel.



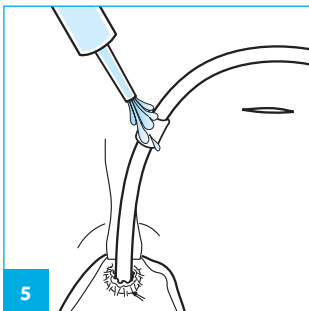
2
Make a 1.5 cm transverse incision approximately 6 cm above the initial incision. By blunt dissection with a hemostat or Kelly clamp, make a superior subcutaneous pocket to the level of the skin marking to accommodate the bent portion of the catheter and the external cuff.



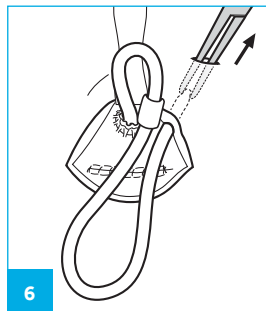
3
With the trocar; make a tunnel in the subcutaneous tissue between the two incisions.
Note: Follow the stencil outline if applicable.



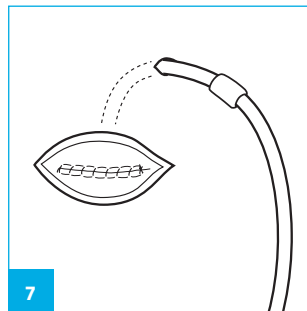
4
Remove the trocar.



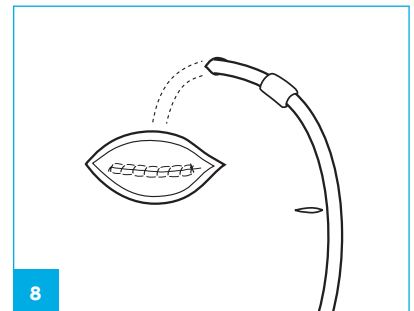
5
Wet the subcutaneous cuff thoroughly with the saline and squeeze to expel air.



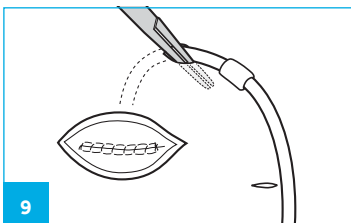
6
Grasp the catheter with the hemostat and pull it through the tunnel.



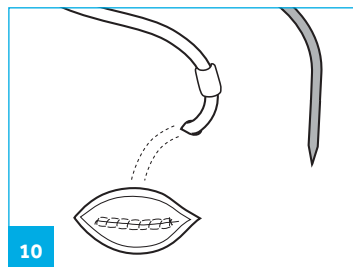
7
Place the bent portion of the catheter in the pocket and allow the external tip to lie naturally on the surface of the skin. This determines the direction of the following subcutaneous tunnel.



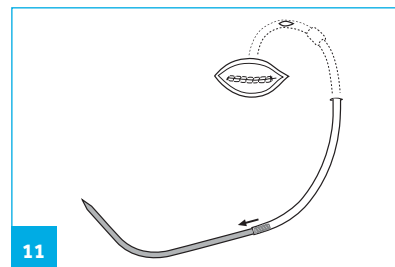
8
Make a small incision 3-4 cm below the cuff as it rests on the patient's abdomen.
Caution: The portion of the tunnel between the subcutaneous cuff and the exit site incision should have a diameter no greater than that of the catheter.



9
If necessary; bluntly probe a subcutaneous tunnel from the upper incision down to the subcutaneous cuff. Use a small hemostat or closed forceps for this purpose.



10
Attach the catheter to the Faller trocar and tunnel down and through the exit site. Detach the trocar carefully.



11
Continue with the next step of the *Open Surgical Procedure Guide* or *Modified Seldinger Technique Insertion Guide*.

Source: IFU No. SH7126064-RB Argyle™ Peritoneal Dialysis Catheters and Kits.

IMPORTANT: Please refer to the package insert for complete instructions, contraindications, warnings and precautions.
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