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P126 -Travel and Peritoneal Dialysis: a safe combination

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Peritoneal dialysis (PD) offers significant flexibility in not only to day-to-day life but also in the freedom to travel. This is important for all patients on dialysis, not just for holidays but also work, education and family visits. Travel on haemodialysis is associated with morbidity including viral seroconversion. This study was designed to establish whether, in those patients undertaking PD, travel is associated with morbidity both during and after periods of significant travel.

In a retrospective single-centre cohort study, we identified all patients on PD who travelled between 1st January 2014 to 31st December 2018 and who required delivery of fluid to their destination. Data was collected through retrospective review of clinical notes. Across a period of 3 months prior to and following significant travel, we collected both microbiological (peritonitis events and exit site infections) and biochemical data (haemoglobin, C-reactive protein, albumin and phosphate). In addition, we identified patients who had died either during or after travel, as well as those who experienced technique failure or catheter loss.

Over a 5-year period, 82 patients made 180 substantial travel episodes with median length 14 days (range 2 - 84 days) to over 30 different countries including travel within the United Kingdom. 15 episodes of peritonitis occurred prior to travel (0.33 episodes/ patient years) and 25 episodes following travel (0.56 episodes/ patient years) (pre vs post $p=0.13$), of which 10 and 16 were culture positive during each respective time period. Furthermore, 15 exit site infections were seen prior to travel with 24 episodes post-travel. There was no difference in biochemical parameters pre- and post- travel. Five patients required either catheter removal or exchange in the three months following travel, of which four were related to infection. Two patients died post-travel from complications of cardiac disease.

There was no evidence of a significantly greater risk of infection, including peritonitis, following travel in this single-centre study. This study is limited by study size and its retrospective nature. This work strengthens assertions that travel on peritoneal dialysis is safe and teams should continue to support patients in undertaking travel to the destination of their choice.