A METHOD FOR PERMANENT DISINFECTION OF THE SKIN AROUND THE EXIT-POINT OF THE SCRIBNER SHUNT

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Second to thrombosis, infection is the most frequent complication threatening the arterio-venous shunt.

The patient finds it rather troublesome to disinfect the skin surrounding the shunt at home every day.

For this reason we do not make our patients change the bandage themselves between two dialyses.

After the dialysis the patient’s forearm is washed with soap-suds\(^\text{\textsuperscript{o}}\) and alcohol. The dry arm is sprayed with nebacine.

Fig. 1. Foam rubber rings in place at the exit wounds.

Around each exit-point of the shunt we then put a foam rubber ring prepared with some disinfectant\(^\text{\textsuperscript{oo}}\) that agrees with the skin (Fig. 1). This method is similar to that of Gillespie to prevent urinary infection by drainage of the bladder. As soon as there is any secretion from the skin meatus some disinfectant will diffuse in it and prevent infections from the very first.

The bandage is so arranged on the shunt that the bend joining the arterial and the venous tube will be under a transparent plastic foil. Thus the patient can keep observing whether the shunt is still patent (Fig. 2).

\(^{\text{\textsuperscript{o}}}\) Alkylsulfonate, Fettsäureethanolamid (Wasa, Lyseform).

\(^{\text{\textsuperscript{oo}}}\) Alcoholic solution of organic acids (H5; Lysoform).
With this treatment we have not yet seen any infections around the shunt in our patients. Nor did we find the skin hypersensitive to the disinfectant used.

The foam rubber rings are put on for the first time a fortnight after the shunt operation.

Fig. 2. Shunt with dressing in place, to show protective plastic window.

REFERENCES
