Drainage of ascites (abdominal paracentesis / ascitic drain)

What is ascites?

Ascites is a medical term which means the accumulation of fluid within the abdomen. It is not unusual for there to be a small amount of fluid within the abdominal cavity and this is being continuously created and absorbed. Ascites develops when there is a disruption to the balance of production and removal so that the amount of fluid within the abdomen builds up. There are a number of causes for this imbalance, such as advanced liver disease and heart failure.

Ascites may develop when:

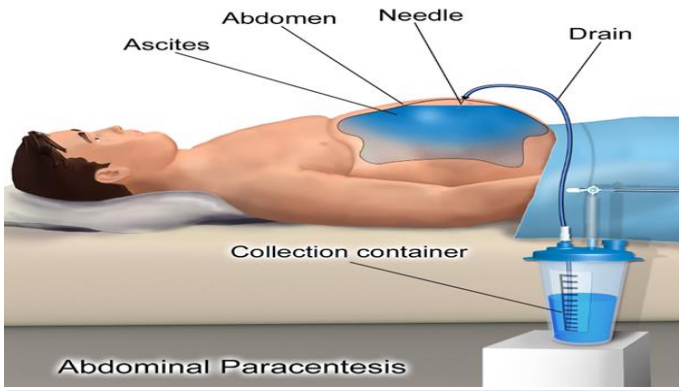
- cancer cells irritate the lining of the tummy, causing it to make too much fluid
- lymph nodes in the tummy become blocked and the fluid cannot drain properly
- cancer that has spread to the liver raises the pressure in nearby blood vessels, which forces fluid out
- the liver is damaged and cannot make enough blood proteins, so fluid leaks out of the veins into the tummy.

What is ascitic drain?

Removing the excess fluid from the tummy is a common and effective treatment for ascites - this is known as **ascitic drain, or abdominal paracentesis**.

How is the procedure performed?

For the procedure you will be lying on a trolley. The clinician will examine you or use an ultrasound machine to decide the best place to insert the drain into your abdomen. The clinician will then clean the area with an antiseptic solution, inject local anaesthetic to numb the area before inserting the abdominal drain (a plastic tube with a diameter of about 7mm). The drain will be attached to a bag to collect the fluid and will stay in for up to 6 hours before it is removed. A plastic cannula (tube) may need to be inserted into a vein in your arm to give you fluids or albumin (protein) while the fluid is draining - this will be discussed with you by your clinician. Your blood pressure will be taken at regular intervals while the fluid is draining to make sure that you are feeling well until you are discharged form hospital. The drainage bag will also be changed regularly and levels of fluid will be recorded.



Why would I need this procedure?

In order to relieve the symptoms associated with ascites, it is necessary to reduce the amount of fluid in the abdomen. In some cases, water tablets may have been used to try to do this, however sometimes this is not appropriate, or ineffective due to excessive amount of fluid in the abdomen. In such situations, the quickest way to remove the fluid is to drain the excess fluid through a plastic tube inserted into the abdomen (ascitic drain).

What are the symptoms that have led to me having this procedure?

The main symptoms of ascites are bloating and a swollen tummy.
Other symptoms include:

- discomfort or pain in the tummy
- feeling sick (nausea)
- loss of appetite
- indigestion
- tiredness and weakness (fatigue)
- constipation
- needing to pee (pass urine) more often
- breathlessness
- difficulty sitting comfortably and moving around.

What are the alternatives?

- In some circumstances, your doctor may suggest tablets called **diuretics (water tablets)** to help remove some of the fluid. This may help the body get rid of excess fluid as urine (pee). Your doctor or nurse may also advise you to reduce the amount of salt you have in your diet. Taking a water tablet can help slow down the build-up of the ascitic fluid. It usually makes you want to pass urine more often. You may have blood tests to check how well your kidneys are working during this treatment.
- If the ascites is caused by cancer, cancer treatments such as chemotherapy can help to reduce the number of cancer cells. This can sometimes improve ascites.
- A **long-term drainage catheter** can help to manage ascites that builds up again quickly after drainage. It is similar to an ascitic catheter, but it stays in place after the fluid has drained. When the catheter is not being used, it is closed and covered by a dressing. When the fluid builds up, a drainage bottle or bag is attached to the catheter. The catheter is then opened and drains fluid from your tummy. Your doctor or nurse can tell you more about this and show you how to look after the catheter.
- Some people have a tube, called a shunt, put into their tummy. You need to be quite fit to have this procedure. It drains the fluid directly into a large vein. Doctors call this a **peritoneo-venous shunt.** You will be given either a sedative (which makes you drowsy) or a general anaesthetic when the doctor puts the shunt in. One end of the shunt goes into the fluid in the tummy. The other end goes into a vein in the neck. A valve in the shunt means the fluid can only flow in one direction – from the tummy into the vein in the neck. You will need to stay in hospital for a short time while the hospital staff check the shunt is working properly. The shunt stays in permanently. Your doctor and nurse can give you more information about this.

What are the potential risks and side effects?

Paracentesis is generally a safe procedure with a very small rate of significant side effects, but complications can sometimes happen.

Common complications:

- **Tiredness** after the procedure
- **Abdominal pain** may be temporarily increased post-procedure
- **Failure of procedure** sometimes occurs requiring a second attempt, or inability to complete the procedure because a suitable area for drainage cannot be found. If this happens you may be sent to the X-ray department for the procedure.
- **Leakage of fluid** from the drain site for up to 72 hours. This may require a single stitch.
- **Low blood pressure** which may necessitate intravenous fluids.

Uncommon complications:

- **Bleeding** from the insertion site, which can rarely be severe requiring intervention
- **Infection** of the skin or abdominal fluid from the drain insertion

Rare complications:

- **Damage** to one of the intra-abdominal organs (e.g. liver, gut, spleen)

What are the expected benefits of treatment?

The removal of fluid should make you feel more comfortable and reduce some of the symptoms associated with excessive abdominal fluid. A sample of the fluid can be sent to the laboratory to help establish a diagnosis if this is not already known. In some cases, the fluid will be tested to rule out an infection within the fluid itself which can then be treated with antibiotics.

What should I do before I come into hospital?

You may be asked to have some blood tests in the week before (or on the day of) the procedure to make sure it is safe to do it. If you are on any blood thinning medications (anti-coagulants or anti-platelets), you will be told by the doctor or the nurse (on clinic or by phone) if and how many days prior to the procedure these need to be stopped:

Aspirin, Clopidogrel – 5 days prior to the procedure
Warfarin – 3 days prior to the procedure
Apixaban, Rivaroxaban, Edoxaban, Dabigatran – 2 days prior to the procedure
Enoxaparin (Clexane) – 24 hours prior to the procedure

If you are on water tablets, do not take them on the day of appointment. You should bring a responsible adult with you, who can take you home after the procedure. It is also a good idea to bring a change of clothes with you.

Where will the procedure take place?
It can be done in the outpatients department or on a ward at the hospital.

Will I have an anaesthetic?

You will have local anaesthetic (usually 1% Lidocaine) to numb the area before inserting the drain.

How will I feel afterwards?

There may be some pain at the site of the tube (drain) insertion and occasionally pain can occur in the back or shoulders, but these should respond to simple pain killers, ask your doctor to advise you which painkillers would be most suitable for you. If you develop severe pain in your abdomen, shoulder or chest or develop a fever, chills or shortness of breath, inform the nurse in charge or if you have been discharged contact your GP surgery as soon as possible during working hours or attend your local A&E department if out of hours.

How long will I be in hospital?

You often have this treatment as a day patient. You will usually be at the hospital for at least 6 hours. You may want to bring something to help pass the time, such as something to read, watch or listen to. After six hours, the drain will be removed and a waterproof dressing will be placed over the area of the drain. This should be kept as dry as possible for 48 hours and taken off then. Your cannula will also be removed. If all your observations are stable, you will be allowed to go home. On rare occasions patients may become ill during the procedure and may need to be admitted to the hospital.

What should I do when I go home?

Once home, it is important to rest quietly for the remainder of the day. You will have a dressing covering the site when the drain tube is removed. Keep the dressing and the insertion site dry for at least 48 hours after the removal of the drain tube. You may have to wash instead of shower or bath.

How soon will I be able to resume normal activities?

How long it takes for you to fully recover from your procedure varies from person to person. It can take one to two days.

Will I have to come back to hospital?

After the procedure the Doctor will let you know if you need to come back to be seen again, or have blood tests with your GP. It is important to know that the fluid in your abdomen may build up again and the procedure may need to be repeated

When can I return to work?

You can return to work as soon as you feel well enough to do so.

Consent

Before the procedure, your doctor will explain how it is carried out, its benefits and potential risks, and answer questions which you may have. We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form.

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

For more information about abdominal paracentesis or the contents of this leaflet, please ask the doctor or nurse performing your procedure.

Useful contact numbers:

Conquest Hospital - Same Day Emergency Care - Tel: 0300 131 4547, or alternatively –
Tel: 0300 131 4500 extensions 770727 or 770728 or 770726

Eastbourne DGH - Same Day Emergency Care – Tel: 0300 131 5384, or alternatively –
Tel: 0300 131 4500 extension 735884 or 770577 or 771969

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

Reference

The following clinicians have been consulted and agreed this patient information:
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The directorate group that have agreed this patient information leaflet:
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