

PATIENT INFORMATION

Drainage of Abdominal Fluid (Paracentesis) on Hutchings Ward Hutchings Day Unit

Introduction

This leaflet is designed to give you information about having paracentesis and the care you will receive before, during and after the procedure. We hope it will answer some of the questions you or those that care for you may have at this time. It is not meant to replace the discussion between you and your doctor or nurse but we hope it will help you have a greater understanding of the procedure.

What is ascites?

Ascites is a medical term which simply means the accumulation of fluid within the abdomen. It is normal for there to be a small amount of fluid within the abdomen and this is continuously produced and absorbed (removed). Ascites develops when the balance of production and removal is upset so the amount of fluid in the abdomen increases. There are a number of reasons for this imbalance but it commonly occurs in chronic liver disease.

What symptoms does it cause?

The symptoms of ascites include:

- Swelling of the abdomen, with associated pain or discomfort
- Shortness of breath
- Difficulty in moving or sitting comfortably
- Tiredness
- Nausea and vomiting
- Indigestion
- Reduced appetite
- Constipation or diarrhoea

What options are there to treat the ascities?

To remove the symptoms we need to remove the excess fluid. This can be done by reducing salt in your diet and taking drugs called diuretics (commonly spironolactone). However, this is not always successful because of drug side effects, the drugs stopping working or the drugs taking too long to work. The quickest way to remove the fluid is to drain it through a plastic tube out of the abdomen (paracentesis).

What does ascitic drainage (paracentesis) involve?

We carry out paracentesis on Hutchings Ward. You will have been given a date and time to attend the ward. A blood test will be performed before to check that your blood is clotting normally.

The procedure:

- You will be seen by a nurse who will weigh you, take your blood pressure and temperature and insert a small needle into your arm (cannula).
- For the procedure you will be lying on a bed. A doctor will come and discuss the procedure with you, its risks and benefits and ask you to sign a consent form. The doctor will also examine you and identify the safest place to insert the drain.
- The skin where the drain will be inserted is cleaned with antiseptic to help reduce the risk of infection.
- The doctor will administer local anaesthetic injection into your abdomen to numb the area where the drain is to be inserted.
- After the anaesthetic the doctor will make a very small cut in the skin of the abdomen and a thin tube (drain) will be inserted through the cut into the abdomen.
- The drain is attached to a drainage bag and the fluid from your abdomen drains into the bag. A plastic dressing is used to secure the tube in place.

What happens after the drain is inserted?

- The time that a drain is kept in varies but it is often in place for up to 6 hours.
- The fluid drained from your abdomen is replaced by a smaller amount of fluid and protein into the cannula in your arm.
- Your blood pressure and pulse will be monitored every hour to alert us to any complications. The drainage bag will be emptied frequently, depending on how much excess fluid you have.
- The drain will be removed by a nurse and a plastic dressing applied. You will be asked to remain lying on your side in the bed for 10-15 minutes after the drain is removed to help prevent any leakage of fluid.
- Your cannula will be removed and you will be weighed again before you leave.
- If you are feeling well you will be able to go home

What are the complications/ risks of the procedure?

Any procedure does carry a small risk of complications. Paracentesis is generally a safe procedure but does have a small rate of significant side effects

- Feeling tired (the most common side effect reported)
- Increased pain in your abdomen. Painkillers can be given, so inform the nursing staff if this occurs
- Leakage of fluid from the site where the drain was inserted (for up to 72 hours after the procedure). Approximately 5 in 100 patients having this procedure experience this.
- Local infection at the site where the drain was inserted
- Bleeding from the drain site (a small amount of bleeding is perfectly normal)
- Infection of your abdomen (this will cause your temperature to rise, feeling sweaty and feverish/shivering)
- Puncturing a blood vessel can result in bleeding which can be significant and associated with low blood pressure which can be life threatening.
- Damage to the organs inside your abdomen (e.g. liver, spleen, intestines). This is a very serious complication but occurs in less than 1 in 1000 cases.
- Drainage of the fluid may affect how well your kidneys are working. Your doctor may arrange for you to have a blood test to check your kidney function within a week of the procedure

There is the possibility that the fluid in your abdomen will re-accumulate and this ascites may need to be drained again in the future.

It is a good idea to weigh yourself every couple of days and keep a record of this. It will give you an indication of how much fluid (if any) is re-accumulating.

If you have any questions or problems after the procedure the nurses on Hutchings Ward are available for advice Monday to Friday 8-5. If complications arise outside these hours then your own GP or Accident and Emergency will need to be contacted.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.