

Having an Abdominal Paracentesis

Gastroenterology

Your Doctor has advised that you will need an invasive procedure called an Abdominal Paracentesis or Ascitic Drainage.

This leaflet tells you why you need this procedure, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please speak to a member of staff if you are an in-patient or telephone the Gastroenterology ward on 01902 694009 / 695009 or the Gastroenterology Day Case Unit on 01543 576844.

What is Ascites?

Ascites is the build-up of fluid in the abdominal cavity. It may be caused by infection, inflammation, an injury or other condition, such as cirrhosis or cancer.

What is an Abdominal Paracentesis or Ascitic Drainage?

Abdominal Paracentesis or commonly called Ascitic drainage is a procedure to remove fluid that has collected in the peritoneum or abdominal cavity.

What are the benefits of having the procedure?

Abdominal Paracentesis is usually done to remove a large amount of ascitic fluid that is causing pain or trouble breathing or that is affecting how the kidneys or the intestines (bowel) are working. It may be done to find the cause of the fluid build-up in the belly, to diagnose an infection in the peritoneal fluid, check for certain types of cancer or damage after an abdominal injury.

What will happen before the procedure?

Your blood clotting count will be checked prior to the day of procedure.

You might be asked to wear a theatre gown as possible leakage or staining might happen, but if you prefer to keep on your clothes, it would be allowed. You will need to have a peripheral cannula (a plastic tube using a fine needle) inserted into a vein.

Please inform the Practitioner of any allergies including anaesthetics or any bleeding problems.

Consent

Your Doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. A written consent will be obtained from yourself by a Doctor to give permission to have the procedure done. A referral will be made and your appointment will be arranged. You have been

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

given this information leaflet and will be expected to have read it prior to giving an informed verbal consent to the Practitioner performing the procedure. This will be documented in your hospital notes. If you have any concerns or queries, please do not hesitate to raise them and it is your right to decline this procedure.

What will happen on the day?

This procedure may be done in the ward's procedure room or at your bedside in the hospital.

If a large amount of fluid is going to be taken out during the procedure, you will be asked to lie down on your back with your head slightly raised. The Doctor or Nurse will gently examine your abdomen to determine the site of fluid accumulation and avoid your intestines.

The site where your doctor or nurse will put the needle is cleaned with a special antiseptic and draped with sterile towels.

Your Doctor or Nurse will put a numbing medicine (a local anaesthetic injection) into your belly where the drain will be inserted. The site will be identified during the initial examination of your abdomen. A local anaesthetic called 2% Lidocaine, approximately 10 mls will be injected via a thin needle under the skin and deeper into the abdominal wall.

Once the area is numb, your Doctor or Nurse will gently and slowly insert a long thin needle attached to the drainage device into the belly (normally below the umbilicus (belly button) and towards the sides).

Once the fluid has been reached by the paracentesis needle and fluid has started draining, a thin tube (catheter) is slid over the needle and the needle is then removed. A connector and drainage bag will then be attached to the catheter and secured with a sterile dressing. The drainage bag should be kept lower than your abdomen at all times to allow drainage through gravity.

If the site is difficult to determine, an ultrasound may be used to show where the fluid is in your belly.

What will happen after the procedure is performed?

Your vital signs will be monitored and the drainage output will be recorded. For every 3 litres of ascitic fluid that is drained, one unit of 100 mls 20% Human Albumin will be administered intravenously. To help prevent complications caused by removing the fluid from your body we will administer small amounts of a concentrated protein fluid, called human albumin. The more fluid removed from your belly the more albumin we will give you. Paracentesis without albumin replacement can result in circulatory and renal dysfunction.

When will the drainage come out?

The drainage will be kept in for 6 to 8 hours or when dry. It is not kept longer than 12 hours as there will be potential risks of infection.

What are the risks of having an Abdominal Paracentesis?

Serious complications from abdominal paracentesis are uncommon, but a number have been described.

Ascitic fluid leak - The most common complication following paracentesis is an ascitic fluid leak (fluid leaking out from the site of the insertion of the drain), which occurs in up to five percent of patients.

This may take a day or two to settle and may require a dressing or collection bag until it settles.

Bleeding - This can occur in up to one percent of patients. Occasionally a suture is required at the drain site to stop any bleeding.

Bowel perforation and infection - Infection is rare unless the bowel is entered by the paracentesis needle. Bowel perforation by the paracentesis needle occurs in approximately six in one thousand procedures. Fortunately, it usually does not lead to clinical peritonitis (severe infection of the abdominal cavity) and is generally well tolerated.

Mortality - Death due to paracentesis is exceedingly rare (zero in most studies). In the two largest studies of patients, there were a total of nine deaths out of 5244. Eight of the deaths were due to bleeding, and one was due to infection.

(Figures related to complications taken from diagnostic and therapeutic abdominal paracentesis

Bruce A Runyon, MD; Uptodate Feb 18, 2014)

What are the potential outcomes if I don't have the Abdominal Paracentesis?

If you do not have this procedure, the following may occur:

- Progressive abdominal distension and therefore pain and discomfort
- Shortness of breath
- Restrictions in mobility and activities of daily living
- Rarely: renal failure or increased risk of infection of ascites can occur

What are the alternatives to Abdominal Paracentesis?

You are likely to be on a low salt restricted diet and diuretic ("water tablets" which aims to increase the amount of fluids and salt expelled from the body as urine) therapy which constitute the standard medical management for ascites. Alternatively, your Doctor could refer you for a transjugular intrahepatic portosystemic shunt (TIPS) assessment. This is an interventional radiology procedure that reduces portal pressure and may be the most effective treatment for patients with diuretic-resistant ascites. However due to its risks, it might be considered only after your Doctor have tried other methods to lower this pressure including a number of large volume paracentesis.

Who do I telephone for more information?

If you have any queries, please telephone Monday – Friday 08:00 am to 5:00 pm

Gastroenterology Ward – 01902 695009 or 01902 694009

Gastroenterology Day Case Unit – 01543 576844

If you require this document in an alternative format for example larger print, please inform one of the healthcare staff.

Useful External Agencies:

CORE

3 St. Andrews Place

Regents Park

London NW1 4LB

Telephone: 020 7486 0341

Fax: 020 7224 2012

Email: infor@corecharity.org.uk

PALS

Patient Advisory & Liaison Services

Patient Information Centre

New Cross Hospital

Wolverhampton WV10 0QP

Telephone: 01902 695362

Email: PALS@rwh-tr.nhs.uk

www.pals.nhs.uk

This leaflet has been produced by the Gastroenterology Team, New Cross Hospital, Wolverhampton, WV10 0QP

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。