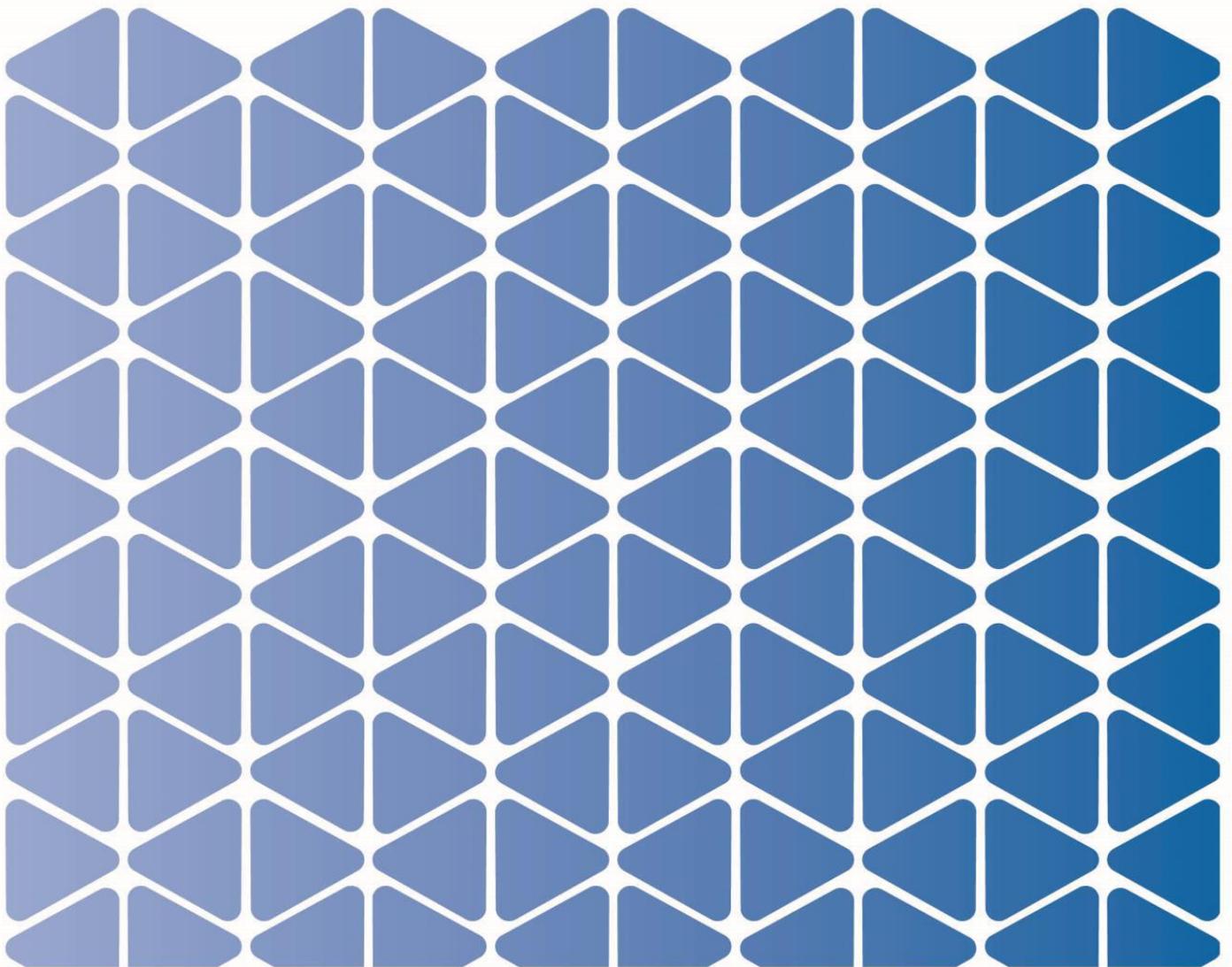




PATIENT INFORMATION

PARACENTESIS OF ASCITES



Having an abdominal drain procedure

This leaflet explains about having an abdominal drain procedure including the benefits, risks and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is ascites?

Ascites is a medical term used to describe a condition where there is too much fluid in the abdomen. The peritoneum (the thin lining found inside the abdominal cavity) produces a small amount of fluid to let the abdominal organs move against each other smoothly. The fluid produced by the peritoneum can be created and reabsorbed in the abdomen. Certain illnesses, however, may cause an imbalance in fluid production and re-absorption and may cause the fluid to build up within the abdominal cavity.

What are the symptoms of ascites?

The abdomen may get swollen and bigger as a result of the fluid build-up. You may feel abdominal pain, shortness of breath, nausea and vomiting due to the increasing pressure of fluid within the abdominal cavity. Other symptoms that you may experience include indigestion, poor appetite, reduced mobility and tiredness.

Intended benefits of the procedure:

To relieve the symptoms associated with ascites by inserting a small tube in the abdominal cavity to remove the fluid. This procedure is known as an abdominal drain procedure or paracentesis.

Serious or frequent risks

Everything we do in life has risks.

Serious or frequent risks:

Your doctor has decided to recommend you have this procedure undertaken to help in your continuing treatment, in so doing they have balanced the benefits against any potential risks associated with it.

Paracentesis is considered to be a safe procedure, but occasionally complications can arise because of the test's invasive nature. These include:

Bleeding

- Internal bleeding from the puncture site can occur. This bleeding will normally stop on its own, but occasionally the bleeding is more severe and a blood transfusion may be required.

Infection

- There is a small risk of infection.

Discomfort

Reaction to local anaesthetic

- There is a small risk of a reaction to the drug used.

Accidental injury to other organs

The risk of this complication is substantially reduced by the use of ultrasound guidance.

Are there any sequelae or after care required following abdominal drain?

Sometimes, the drain tube may get blocked, so you may be asked to change your position or sit up during drainage. Occasionally, we may have to change the tube.

Some people may feel tired or experience low blood pressure. It is important to drink plenty whilst draining to help avoid this happening.

Some patients may experience abdominal pain, bleeding from the insertion site, or nodule formation. During your consultation we will advise you on what to do if you experience any of these complications.

You may also experience leakage from the drain site. If leakage continues 48–72 hours after removal of the drain tube, you should let us know immediately. You may require a small stitch to stop the site from leaking any further.

Preparation for your procedure

You can eat and drink normally before the procedure. Your routine medication can be taken with sips of water.

You will need to have a blood test before the procedure to check your blood clotting levels. You will be informed of the arrangements for this test.

You can usually continue with your normal medication before your procedure, except those listed below in which case please inform your doctor and the radiology department. Please bring any medication you take with you, particularly if you are to be admitted.

Your normal medication

We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

Aspirin

If you are taking aspirin regularly, please stop 5 days before the drain unless you have a high risk indication. e.g. have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Prasugrel, Persantin, Clexane,

If you are taking any of these regularly, please ring the booking coordinator on 01527 503030 asking for extension 44603.

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the Referring Clinician.

Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban

If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the Booking coordinator on 01527 503030 asking for extension 44603. We will need to know why you are taking this and what your target INR is.

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

What happens during the day of the procedure?

When you are transferred to the x-ray department you will be taken into the room and asked to lie on a patient trolley. Your blood pressure, pulse and oxygen levels will be taken before the procedure begins.

The procedure will be carried out by a Doctor who specialises in imaging procedures. He/she will use an ultrasound machine to assess the fluid in your abdomen and determine the best place for the drain to be inserted.

The area will be cleaned with antiseptic fluid where the drain is going to be inserted. A small amount of local anaesthetic will then be injected to the insertion site. This may sting a little bit but will quickly numb the site. Once the local anaesthetic is working, the drain catheter can be inserted. It will then be secured with a dressing and attached to a drainage bag.

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 from hospital. The drainage bag will also be changed regularly and levels of fluid will be recorded.

Do I have to stay in hospital?

Most patients come to the hospital in the morning of the procedure and go home once the fluid has finished draining providing you are feeling well. The fluid will be drained gradually, so you should expect to be in hospital for at least 4 to 6 hours on the day of the procedure but it may be a good idea to bring a change of clothing with you when you come to see us, just in case.

What will happen after the procedure?

The drain tube will be removed when all the fluid in your abdomen has been drained. A small dressing will be used to cover the incision site.

What do I have to do at home?

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.

Convalescence

How long it takes for you to fully recover from your procedure varies from person to person. It can take one to 2 days.

Once home, it is important to rest quietly for the remainder of the day.

If you have any of the following, please contact your Consultant or attend the nearest Accident and Emergency Department (not minor injuries)

- excessive bleeding from the drain site
- experience excessive sweating;
- experience excessive shivering; or
- generally feel unwell
- increasing pain

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.info
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhs.uk
On-line health encyclopaedia
- www.bsir.org
British Society of Interventional Radiology – patient information

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.