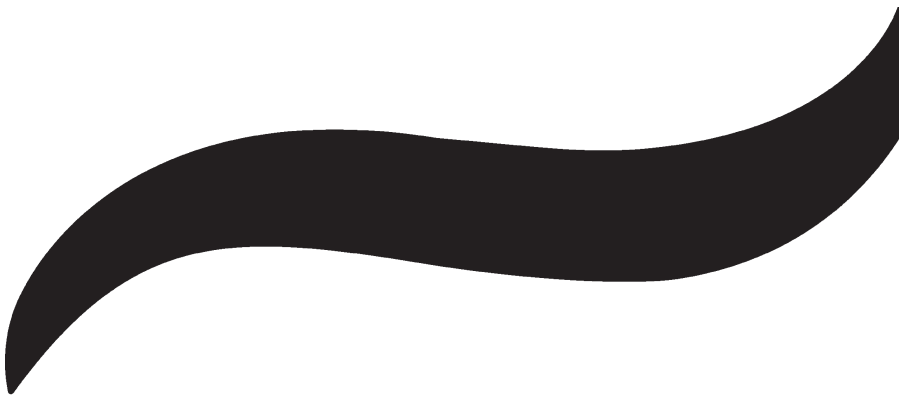




# Drainage of ascites (paracentesis)

Information for patients  
Gastroenterology



## **AIM OF LEAFLET**

This information leaflet tells you about having an abdominal drain procedure for ascites (large volume paracentesis). It explains the reason for the procedure, what it entails and the possible risks. It is not meant to replace informed discussion between you and your healthcare provider, but can act as a starting point for such discussions. If you have questions about the procedure, please ask the doctor or nurse who has referred you or is going to perform it.

## **WHAT IS ASCITES AND WHAT CAN BE DONE ABOUT IT?**

Ascites is a medical term used to describe the build-up of excess fluid within the abdomen. In a healthy person there is a small amount of fluid within the abdominal cavity, which is continually created and absorbed. Ascites develops when the body is unable to remove this fluid adequately and the amount of fluid in the abdomen increases. Ascites occurs commonly in liver disease. Build-up of ascites causes abdominal swelling/distension. The most common symptoms are abdominal discomfort or pain. Other symptoms include difficulty breathing, indigestion, poor appetite, nausea and vomiting, and reduced mobility.

To improve your symptoms we need to remove the excess fluid. This can be done by taking medication called diuretics (water tablets). The most common diuretics are called Spironolactone and Furosemide. The doctor or nurse will increase the dose whilst monitoring your blood tests and weight, as these medications can worsen your kidney function and upset the balance of electrolytes (salts) in your blood. It is not always possible to improve ascites with medications, sometimes because of side effects, the tablets stop working, or take a few weeks to work.

If you have a lot of ascites, the quickest way to remove the fluid is to drain it through a plastic drain inserted into the abdomen under local anaesthetic. This procedure is called paracentesis.

The paracentesis procedure can be done during an inpatient stay on a medical/gastroenterology ward or as a day case

## **WHAT DOES PARACENTESIS INVOLVE?**

### **Before the procedure:**

You will be seen by a doctor or Clinical Nurse Specialist. They will explain the procedure, answer any questions you may have and ask you to sign a consent form. You will have a blood sample taken and a cannula inserted into your vein to give replacement fluid intravenously during the drainage. You will have a blood pressure check and we will measure your temperature, pulse and oxygen levels. If you are attending as a day case, we will wait for the blood results to be analysed before starting the procedure; this may take one to two hours.

### **During the procedure:**

You will be asked to pass urine to empty your bladder and then lie flat on a bed. The doctor or Clinical Nurse Specialist will examine your abdomen to find the best site for the drain. The insertion site will then be cleaned with special skin cleaning fluid and numbed with injection of local anaesthetic; after this point you should not feel anything sharp. Once the area is numb a small hole is put through your skin to allow the drain (a thin plastic tube) to be inserted more easily. Once the drain is in place it will be taped to your abdomen and attached to the drainage bag.

The drain will normally be left in for up to six hours, but may be removed earlier. You will be restricted to the bed during this time but able to move position and sit up.

We will measure and empty the fluid drained and continue monitoring your temperature, pulse and blood pressure. As the fluid is being drained you will be given intermittent bottles of Human Albumin Solution intravenously to replace the protein that is being drained away with the fluid to reduce the risk of low blood pressure.

**After the procedure:**

When the drain is removed a sterile dressing is placed over the site and should be kept in place for 48 hours (please keep it as dry as possible). If possible, you should try to remain on your side with the drain side uppermost for 30 minutes after the drain is removed. Sometimes, there can be small amounts of the fluid still draining after the drain is removed and we may place a small bag over the hole to stop your clothes getting wet.

When your procedure is performed as a day case, you will be able to go home once the drain is removed and you are feeling well. Occasionally, some people need to stay in hospital overnight.

## **WHAT ARE THE RISKS OF PARACENTESIS?**

Paracentesis is a safe procedure, but as with any invasive procedure there is a possibility of complications:

- ❖ **Bleeding:** puncturing a blood vessel during drain insertion can result in bleeding which can be significant and associated with low blood pressure, which potentially could be life-threatening. The risk of major bleeding (requiring a medical or surgical intervention) is 0.5 - 1%.
- ❖ **Damage to an organ within your abdomen (liver, spleen, intestines):** this is a very serious complication but occurs rarely (estimated as 4 cases per 1000).
- ❖ **Infection:** very rarely you may develop infection at the site of insertion or in the abdomen. You may feel feverish/shivering and unwell and may notice redness, swelling or pain around the drain site. To minimise this risk, we always perform the procedure in a sterile manner and leave the drain in place for a maximum of six hours.
- ❖ **Low blood pressure and impaired kidney function:** removing abdominal fluid can lead to low blood pressure and an effect on the kidneys – we minimise this by giving intravenous human albumin solution at intervals during the procedure

## **WHO SHOULD I CONTACT FOR ADVICE OR IF I BECOME UNWELL AFTER?**

If you develop a complication from the procedure please contact Liver Nurses at Hairmyres Hospital on 01355 584049 (9am-5pm Monday-Friday). Outside of these times please either contact your GP or attend the Emergency Department.

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