

## **Department of Gastroenterology and Hepatology**

# **Abdominal drain Procedure or Drainage of Ascites (Paracentesis)**

This leaflet will provide you with information about the procedure which has been recommended for you to relieve the symptoms of the build-up of fluid in the abdomen.

### **What is Ascites?**

This is the medical term used to describe the build-up of fluid within the abdomen. In health it is normal to have a small amount of fluid within the abdomen which is continuously produced and then absorbed. In illness there is an imbalance and this causes fluid to build up. This can commonly occur in liver disease, heart disease and kidney disease.

### **What are the symptoms of Ascites?**

The abdomen can get swollen when the amount of fluid is large. This can cause abdominal discomfort or pain, feeling sick (nausea) and difficulty breathing. It can also give the feeling of indigestion or not feeling hungry or feeling full all the time as well as reducing your ability to move normally.

### **What can be done about this?**

Symptoms can be improved by removing or reducing this extra fluid. This is often done using medications such as Spironolactone or other water tablets. However, sometimes these don't work or can take too long to work, and can have side effects. A faster way to remove fluid is by inserting a plastic drain into the abdomen temporarily to allow fluid to drain out like a tap. This procedure is called paracentesis.



### What does paracentesis involve?

We carry out this procedure for you either as an in-patient or as a day-case on the Gastroenterology Ward (Ward 32). The decision about which is best for you will be made after assessment and discussion with you.

- We advise you to assume you will be here for the day, although the duration of draining is only around 6 hours.
- If you have been taking any ‘blood thinners’ or medications that affect platelet cells in the blood stream such as Warfarin, Apixaban or Clopidogrel you should have been given individual advice on when to stop these before the day of the procedure.
- You will be seen by a Doctor or Clinical Specialist Nurse. You will be clinically examined to confirm the need to go ahead. Occasionally, if we are unsure about the presence of fluid we will perform an ultrasound.
- If your condition has affected your platelet or clotting levels, we sometimes have to give you some platelets or clotting products either just before or during the procedure to make it safer.
- We will talk through the procedure, answer any questions you have and will ask you to sign a consent form, if you are happy.
- We will ask you to lie down on a bed/bed trolley.
- Your observations will be taken (blood pressure, pulse, oxygen levels and temperature).
- A plastic tube (intravenous cannula) will be inserted into the vein so that we can replace one of the body’s proteins called albumin.
- We will clean your abdomen and inject a local anaesthetic into the skin before the drain is inserted.
- The drain will stay in place for up to 6 hours, before it is removed.
- When the drain is removed a dressing will be applied for 48 hours and should be kept dry as much as possible.
- Sometimes there is still a need to place a small bag over the hole to stop your abdomen and clothes from getting wet. If this is the case we will show you how to empty this and provide you with some small dressing to take home with you.

# Patient Information

## **During the procedure**

For your safety, you will be asked to remain on the bed/bed trolley but you will be able to sit up. You can receive painkillers during the procedure if you find it painful. We advise you to bring some reading material such as a book or magazine with you to make your stay more pleasurable.

Once the drain is removed and we check your observations are fine, then you will be able to go home.

## **What are the risks?**

As with any procedure there is the possibility of complications or side effects. Paracentesis is usually a safe procedure, with a very small rate of significant side effects:

- The injection of anaesthetic most often causes a temporary stinging sensation.
- It is common to feel tired afterwards.
- Infection within the fluid at a later date. This could cause increased temperature (feeling of fever). We do check for existing infection by sending some fluid to the laboratory at the time of the procedure.
- Puncturing a blood vessel, which can be significant, causing low-blood pressure (you could feel light-headed) and in some cases can be life-threatening. About 1% of patients get an abdominal haematoma (small collection of blood) which is not serious and less than 1 in 1000 people have significant bleeding.<sup>1</sup>
- Damage to organs inside your abdomen (e.g., liver spleen or intestines). This can be a very serious complication but occurs in less than 1 in 1000 cases.<sup>1</sup>

## **Can I drive afterwards?**

You should not drive, do vigorous exercise or operate heavy machinery on the same day of the procedure as you will likely feel very tired and sometimes a little dizzy, which could affect your concentration.

## **After going home**

If any problems occur after the procedure please call the Gastroenterology Ward 32 on 02476 967833 or 02476 967831.

## Patient Information

Please call us or attend A&E if you have any severe abdominal pain, signs of bleeding, feel feverish or feeling faint.

You may experience some leakage of fluid for up to 72 hours but if it continues beyond this, then call us either on the above numbers if out of hours or, if it is Monday-Friday 08:30-4:30pm, then call 02476967123 to speak to one of our Specialist Hepatology nurses.

### To organise further Paracentesis procedures

We usually try to organise further procedures for when we think you need them. We do ask our patients to weigh themselves regularly to monitor for further fluid build-up so that if this occurs before your procedure has been arranged then you can contact your consultant's secretary or call our hepatology nurse on 02476967123.

### References

Aithal GP & Moore KP (2006) *Guidelines on the Management of Ascites in Cirrhosis* GUT 55:1-12. BMJ Journals. London.

The Trust has access to interpreting and translation services. If you need this information in another language or format, then please contact us on 02476 967123 and we will do our best to meet your needs.

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#### Document History

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