

Abdominal Drain Procedure (Paracentesis)

Information and advice for patients

This booklet explains more about paracentesis, including the benefits, risks and any alternatives. It also gives information on what you can expect when you come to hospital. If you have any more questions, please speak to a doctor or nurse caring for you.

This procedure is performed on Priory 5 at Sandwell General Hospital as a day-care procedure by a doctor or a specialist nurse in gastroenterology. It is sometimes done on other wards or in the Emergency Department

What is ascites (fluid in tummy)?

It is normal to have a small amount of fluid in the abdomen, but when it builds up it causes ascites. There can be various reasons for this build-up, but it is common in patients with liver disease.

What are the symptoms of ascites?

The abdomen gets swollen with fluid. You may experience abdominal pain, shortness of breath, difficulty in walking, reduced appetite, nausea (feeling sick) and vomiting (being sick).

What can be done to treat ascites?

Excess fluid needs to be removed to relieve symptoms. The usual way to do this is by using tablets called diuretics (water tablets). These tablets may stop working, or cause side effects, and then the best way to relieve symptoms is to drain this fluid. This is done by inserting a plastic tube (drain) into the abdomen through the skin. This is called paracentesis.

How can you prepare for your procedure?

You may be asked to have some blood tests in the week before the procedure to make sure it is safe to do it. If you are on any blood thinning medications (anti-coagulants or anti-platelets), you will be told by the doctor or the nurse (on clinic or by phone) if these need to be stopped. If you are on water tablets, do not take them on the day of appointment. You should bring a responsible adult with you, who can take you home after the procedure. It is also a good idea to bring a change of clothes with you.

Consent – asking for your consent we want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

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When you arrive for the procedure

You will need to arrive on the ward by 9am on the day of the procedure. We do everything we can to avoid keeping you waiting any longer than necessary, but sometimes the person doing the procedure may be delayed with another patient. We will update you regularly if there is a delay. A nurse will ask you a few questions about your medical history. You will then be taken to the room where the procedure is performed.

What are the risks?

This procedure is generally safe, but complications can sometimes happen.

Common complications

- Tiredness.
- Low blood pressure.
- Pain in the abdomen.
- Leakage of fluid from the site of the drain. This can happen up to 72 hrs after the procedure, and sometimes we need to put a small stitch in to stop this happening.
- Inability to complete the procedure because we cannot find a suitable area for drainage. If this happens we may need to send you to the X-ray department for the procedure.

Rare complications (1 in 1,000 patients)

- Infection in the abdomen or skin.
- Bleeding into the abdomen, or from the skin at the site of the drain.
- Damage to internal organs.

What happens during the procedure?

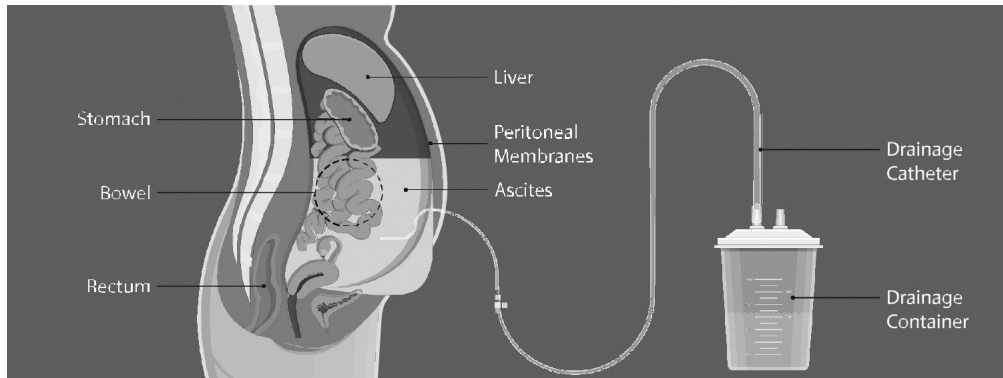
You will be restricted to the bed/recliner during this time but able to move position and sit up. You will be restricted due to the drain and fluid administration.

Painkillers can be given if the drain becomes uncomfortable. You are advised to bring reading material / electronic device to pass the time as you will be in the hospital for at least 6 hours.

For most patients this procedure will be performed as a day case. Once the drain has been removed and you are feeling well, you will be able to go home.

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If any problems occur after the procedure, please refer to the hospital discharge letter with the instructions of who to contact and how to seek medical attention.

Further appointments will be made for you by your medical team. If you feel you have any problems relating to the fluid build up before this please contact the clinical nurse specialist.

How long does the procedure take?

You will stay in the unit for about eight hours in total until the fluid is drained.

What happens after your procedure? After six hours, the drain will be removed and a waterproof dressing will be placed over the area of the drain. The dressing should be worn for 48 hours and kept dry during this time. Your cannula will also be removed.

If all your observations are stable, you will be allowed to go home. On rare occasions patients may become ill during the procedure and may need to be admitted to the hospital.

What do you need to do after you go home?

Monitor your weight regularly (once a week) and keep a record of this for future appointments.

A low-salt diet should be followed to stop fluid building up.

You may experience leakage from the site of the drain for 48-72 hours. Please let us know if it continues to leak after that time.

Rarely, patients can get an infection at the drain site. If you notice any redness, swelling or pain at the drain site please contact us on the details provided below. The wound may need stitching.

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Sources of information used for this leaflet

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National Institute for Health and Care Excellence (2016). *Cirrhosis in over 16s: assessment and management*. [NG50] Available at: <https://www.nice.org.uk/guidance/ng50> (Accessed: 10 August 2021).

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