Mersey and West Lancashire Teaching Hospitals
NHS Trust

Having a Paracentesis (Ascitic drainage)

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Introduction

This leaflet tells you about the procedure known as Paracentesis (ascitic drainage). It explains what is involved and what the possible risks are. It is not meant to be a substitute for informed discussion between you and your doctor, but can act as a starting point for such a discussion. Whether you are having the procedure as planned or as an emergency procedure you should have sufficient explanation before you sign the consent form.

What is Ascites?

This is the medical term used to describe the build-up of fluid in the abdomen (tummy). It is normal to have a small amount of fluid within the abdomen, which is continuously produced and then absorbed. However, in certain illnesses, there is an imbalance and this causes fluid to build up. Ascites is commonly associated with conditions such as liver disease, heart disease and kidney disease.

What are the symptoms of Ascites?

When fluid builds up, the abdomen may become swollen, leading to discomfort or pain. Other symptoms can include feeling sick (nausea), difficulty breathing, indigestion, not feeling hungry or feeling full all the time. It may also restrict 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. However, sometimes these medicines 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 (tube) into the abdomen temporarily to allow fluid to drain out like a tap – this is called a paracentesis.

Who will be doing the drainage procedure?

An Interventional Radiologist will perform the procedure. This is a doctor who specialises in such procedures; they will be assisted throughout the procedure by Radiology Nurses and Radiographers. As the procedure happens in the Interventional theatre all members of staff will be dressed in scrub tops. All members of staff will introduce themselves before the start of the procedure.



How do I prepare for the procedure?

You need to be an in-patient in the hospital. You will have some blood tests performed beforehand to check that you do not have an increased risk of bleeding. If you are taking any blood thinning medications, you will be given instructions when to stop these before your procedure.

Where is the procedure performed?

The drainage will take place in the Radiology Department in a special “screening room” designed specially for this type of procedure.



What does paracentesis involve?

We carry out this procedure for you either as an in-patient or as a day-case.
You should plan to be at the hospital for the day, although the duration of draining process is 6 hours.

If you are taking '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 procedure. You will be seen by a doctor or clinical specialist nurse. You will be clinically examined to confirm the need to go ahead for the procedure.

Occasionally, if we are unsure about the presence of fluid we will perform an ultrasound.
If this condition or another condition you have has affected your platelet function 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.

During the procedure

You will be asked to lie down on a bed or trolley and your observations will be taken (blood pressure, pulse, oxygen levels and temperature). A plastic tube (intravenous cannula) will be inserted into your vein so that we can replace one of the body's proteins called albumin.
Your abdomen will be cleaned and a local anesthetic will be injected into the skin and under ultrasound guidance 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. This should be kept dry as much as possible. Sometimes, a small bag can be placed over the hole to stop your abdomen and clothes from getting wet. We will show you how to empty this bag and provide you with some small dressing to take home with you.

After the procedure

You will need to remain on the bed or trolley, but you will 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 your observations are fine, then you will be able to go home.

Risks

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:

- Anaesthetic: The injection of local anaesthetic may cause a temporary stinging sensation.
- Tiredness: It is common to feel tired after the procedure.
- Infection: There is a risk of infection in 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.
- Bleeding: There is a small risk of puncturing a blood vessel, which could lead to low blood pressure and light-headedness. About 1% of patients may develop a small abdominal haematoma (a small collection of blood), which is not serious, and less than 1 in 1000 people have significant bleeding.
- Organ damage: Although rare (less than 1 in 1000 cases), there is a risk of damaging internal organs such as the liver, spleen, or intestines.

Pregnancy

If you are, or think you could be pregnant, please contact us prior to your appointment on the phone number in your appointment letter.

Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

If you have any further questions, please do not hesitate to call the Radiology Department via the number given on your appointment letter.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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