

Ascitic drainage

Acute Oncology Service

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals@nhs.net.

What is ascites?

Ascites is a medical term which describes the build-up of fluid in the abdomen. It is normal for there to be a small amount of fluid within the abdominal cavity, which is continually created and absorbed. Ascities develops when the body is unable to remove this fluid adequately and the amount of fluid in the abdomen increases.

What symptoms does it cause?

The presence of excess fluid in the abdomen can cause a number of symptoms, including pain, poor appetite, difficulty breathing, indigestion, nausea and vomiting and reduced mobility.

What is your drain for?

Your doctor thinks that there is excess fluid or 'ascites' in your abdomen (tummy) which needs draining. A specialist nurse from the procedure team will carry out this procedure on the Seamoor Unit.

How is the drainage done?

You will have an ultrasound scan to help identify if there is sufficient fluid to be drained. If there is sufficient fluid, the specialist nurse will assess the most suitable position for the drain to be inserted. The specialist nurse will numb the skin and tissues using a small local anaesthetic injection. The nurse will then insert a small drainage tube to drain the fluid from the abdomen.

What to tell the specialist nurse

- If you have any allergies.
- If you have had a previous reaction to intravenous contrast medium (the dye used for some x-rays and CT scanning).

- It is important to tell your consultant or the Acute Oncology Service **before attending for the procedure** if you are taking medication to prevent blood clots. Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots.

If you are currently taking any of these medications, please contact your referring doctor or the Acute Oncology Service on 01271 311579 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed.

Apixaban	Dalteparin
Aspirin	Enoxaparin
Clexane	Fragmin
Clopidogrel	Rivaroxaban
Dabigatran	Warfarin

Do I have to prepare for the drainage?

You may eat and drink before the procedure. We advise you to have a light breakfast only.

What happens after the procedure?

The drain will stay in for no more than 6 hours before it is removed by nursing staff.

A dressing will be placed over the area and should remain in place for 48 hours and needs to be kept as dry as possible.

Sometimes there can be small amounts of the fluid still draining when the drain has been removed and we may place a small bag over the hole to stop this from getting your clothes wet. If this is the case, we will show you how to empty this bag before you go home and we will give you some small dressings to take home with you.

How long will I need to stay in hospital?

This depends on how much fluid needs to be drained. Most people go home after the drain is removed by nursing staff.

Are there any risks of the procedure?

As with most procedures there is a small risk of complications.

- **Infection** – around where the drain enters the skin or inside your abdomen. Should there be a sign of infection, the drain would be removed and antibiotics may be required.
- **Damage to an organ** – inside your abdomen, such as the liver or bowel. This is rare but if it did happen you might need surgery.
- **Bleeding** – A transfusion of blood or blood products may be needed if significant bleeding occurs.

- **Nodules** – or bumps can sometimes form around the site where the drain has been inserted.
- **Not draining** – If the drain doesn't work properly a new drain may be inserted.

An ultrasound scan is used to minimise the risk of complications. You may feel a little tired for a day or two following the procedure. We advise you to have someone with you when you go home. Driving is not advised after this procedure.

Agreeing to treatment: consent

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had the written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

If you have any problems or questions, please contact one of the procedure specialist nurses or your medical team.

Aftercare

It is not uncommon to feel tired for a short time after having an ascitic drainage. You may find the following advice helpful.

- Have someone with you for a few hours after arriving home.
- Rest as much as you can.
- Continue to drink plenty.

It is normal to find that the amount of urine you pass is reduced at first. This should gradually improve. If you find that the amount of urine you are passing is less than normal 24 hours after the procedure, or if you have stopped passing urine, please contact the Acute Oncology Service on **01271 334478 (7 days a week including bank holidays, between 8am and 6pm)**.

A small number of patients can get an infection at the drainage site. This can happen when the drain is in place or after it is removed. Signs of infection at the drain insertion site include redness, soreness and swelling.

Taking your temperature daily for about 7 to 10 days after your procedure will help you to identify early signs of infection. If your temperature reaches 37.5°C or above or if you have any shakes or shivers, please contact the Acute Oncology Service on 01271 334478 (7 days a week including bank holidays, between 8am and 6pm), or out of hours on 01271 322577.

Rarely infection may occur inside the abdomen (tummy). Signs of infection inside the abdomen include abdominal pain, a temperature above normal, fever, chills or feeling generally unwell.

Once the drain has been removed, fluid will often continue to leak from the insertion site. If the drainage site continues to leak after two days, please contact the Acute Oncology Service on 01271 311579. They may ask you to attend the Seamoor Unit for assessment or for a community nurse to check the site.

Further information

If you have any questions about your ascites drainage procedure, please contact:

Acute Oncology Service – Tel: 01271 334478

Out of hours service – Tel: 01271 322577 (hospital switchboard)

Reference

Ascitic drainage: information for patients – The Christie NHS Foundation Trust

Drainage of ascites (paracentesis) – University Hospitals Birmingham NHS Foundation Trust

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk or freephone 0800 122 3135.

Royal Devon University Healthcare NHS Foundation Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.royaldevon.nhs.uk

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