NHS
Royal Cornwall Hospitals
NHS Trust

Paracentesis

affix patient label

What is ascites?

Ascites is used to describe the build-up of fluid in the abdomen. There is usually a small amount of fluid in your abdomen. However, in ascites, the balance between production and removal of fluid is disrupted. This causes the fluid to build up.

There are a number of conditions which can cause ascites. It occurs in liver disease and as a complication of cancer most commonly. The excess fluid (ascites) in the abdomen can cause several symptoms. These include abdominal pain, shortness of breath, nausea, vomiting and difficulty moving.

How is ascites treated?

To improve the symptoms of ascites, the excess fluid can be removed. This can be done by taking certain medications called diuretics. Sometimes, fluid removal using medications in this way is not possible or would happen too slowly. In these cases, a procedure called paracentesis can be carried out. This may need to be repeated if fluid accumulates again. This procedure can also provide samples of fluid, to confirm whether the fluid has become infected or to identify its composition.

What does paracentesis involve?

Paracentesis involves a plastic tube being inserted into the abdomen. This drains the fluid. The tube is normally inserted for a short period of time to reduce the chance of infection.

What happens before the procedure?

Prior to the procedure:

- it is important to stop any drugs that may reduce your blood's clotting ability and to confirm any drug allergies, especially to local anaesthetics. Do not take any diuretics ('water tablets') such as furosemide or spironolactone on the day of your procedure. A member of the team or your GP will confirm with you any actions you must take in advance.
- a nurse or doctor will discuss the procedure with you including the intended benefits and risks, what the procedure will involve and what to expect.
- blood tests will be taken and a cannula (a small plastic tube) will be inserted into the back of the hand in case intravenous fluid is required to replace some of the fluid removed in the procedure.

What happens during the procedure?

You will be asked to lie down on a bed. Your abdomen will then be examined, and an ultrasound scan will be used to help decide the best position to insert the drain. Once the location has been decided, the site will be thoroughly cleaned. A small injection of local anaesthetic will then be used before the drain is inserted. This will numb the area.

The drain is a plastic tube, which is inserted into the fluid in your abdomen. A bag to collect the fluid will then be attached to the end of the tube. This will be emptied regularly. The procedure itself will take 15-30 minutes. Some of the fluid will be sent to the laboratory for analysis. Initial fluid analysis results may be available on the day of the procedure, whilst others will be communicated to you via your inpatient consultant or GP on discharge.

During the drain period the nursing team will undertake monitoring at frequent intervals. You may need an infusion of human albumin solution to replace some of the fluid removed. This will be discussed with you prior

to the procedure. The drain will stay in place for up to a maximum of 6 hours or until the fluid stops draining. For the first hour you will be requested to lay in bed, thereafter you can mobilise around the ward if you are well. You can usually eat and drink during the drainage – the nursing staff will confirm this with you.

The drain will then be removed, and a simple dressing placed over the site. If there is a small amount of leakage from the area, a small plastic bag may be placed over the hole to collect the excess fluid and prevent leaking onto clothes. Occasionally a small suture (stitch) is required.

What happens afterwards?

Once the drain is removed and you are feeling well, you should be able to go home or continue your inpatient treatment. You should expect the procedure to last 8 hours in total. However, in the unlikely event you become unwell during the procedure, you may require an extended period of monitoring.

Are there any risks or complications?

Paracentesis is a safe procedure with a small risk of complications. The risks associated with this procedure are:

Common (1 in 10 to 1 in 100)

- **Failure** to drain the ascites
- **Blockage of the drain tube** – if this happens, you may be asked to move around, or another tube may have to be inserted
- **Short term pain**
- **Bleeding** from puncturing a blood vessel
- **Persistent fluid leak** once the drain is removed that may require further treatment.

Uncommon (1 in 100 to 1 in 1000)

- **Puncture/perforation of the bowel or internal organs**
- **Significant drop in blood pressure** – this can occur if large volumes of fluid are removed. The chance of this happening can be reduced by giving fluid via a cannula inserted.

Rare (1 in 1000 to 1 in 10,000)

- **Skin infection** at the site of the drain
- **Infection in the abdominal cavity** (known as peritonitis).

What should I look out for?

If you experience any of the following symptoms:

- leakage from the drain site that continues longer than 72 hours
- sharp pains in your abdomen
- signs of wound infection – for example smelly pus coming from the wound, or redness and swelling around the drain site
- fevers

seek medical advice through the department where the procedure was undertaken or via your GP.

Contact us

If you have any questions, worries or concerns, please phone SDMA on 01872 253277.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Paracentesis

A procedure performed under local anaesthetic, to drain ascitic fluid for symptom relief and testing

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To relieve symptoms of ascites and obtain fluid samples for testing.*

Significant, unavoidable or frequently occurring risks:

- *Failure to drain ascites*
- *Blockage of drainage tube*
- *Bleeding*
- *Pain*
- *Persistent fluid leak.*

Uncommon, rare or serious risks:

- *Puncture / perforation of bowel or internal organs, significant drop in blood pressure, skin infection at the site of the drain, infection of the abdominal cavity (peritonitis).*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Paracentesis (CHA4553) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

CHA4553 V1
Printed 04/2021 Review due 04/2024

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Paracentesis (CHA4553) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.
Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

File copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Paracentesis

A procedure performed under local anaesthetic, to drain ascitic fluid for symptom relief and testing

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To relieve symptoms of ascites and obtain fluid samples for testing.*

Significant, unavoidable or frequently occurring risks:

- *Failure to drain ascites*
- *Blockage of drainage tube*
- *Bleeding*
- *Pain*
- *Persistent fluid leak.*

Uncommon, rare or serious risks:

- *Puncture / perforation of bowel or internal organs, significant drop in blood pressure, skin infection at the site of the drain, infection of the abdominal cavity (peritonitis).*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Paracentesis (CHA4553) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Paracentesis (CHA4553) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.
Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....