

Patient Information for

**Abdominal Paracentesis**  
**(drainage of ascites)**

Raigmore Hospital  
Inverness

**What is ascites?**

Ascites is a medical term used to describe a condition where there is too much fluid in the abdomen. The lining of the abdominal cavity produces a small amount of fluid to allow the abdominal organs to move smoothly over one another. Ascites occurs when there is too much of this fluid being produced and this causes the abdomen to fill up and cause swelling which can become very uncomfortable.

**Why might I need drainage for ascites?**

Drainage of ascites is performed for diagnostic purposes and/or to relieve any symptoms you may be experiencing such as pain and discomfort, nausea or shortness of breath. Other symptoms which you may experience include indigestion, poor appetite, reduced mobility, and tiredness. Sometimes, the ascites can become infected and this can cause worsening abdominal pain, fever, and sometimes confusion. To relieve the symptoms associated with ascites, it may be necessary to place a small tube in the abdominal cavity to drain the fluid.

An ultrasound or CT scan of your abdomen may be performed initially to give a clearer picture of what is going on.

**What does the procedure involve?**

The ascites can be drained using a plastic tube inserted into the abdomen, this procedure is called paracentesis.

You will be asked to change into a gown and then be assessed by either a doctor or a nurse practitioner who will examine you and explain the procedure. You will have bloods taken and may require a

**Patient Consent Form for Paracentesis**

Patient Name:  
CHI:  
Address:

I have received and read the Paracentesis information leaflet.

I confirm the procedure and important risks/potential complications have been explained to me.

I understand and agree to the procedure described on this form.

I understand that if unforeseen circumstances occur I may require additional procedures/treatment but they will only be carried out to save my life or prevent serious harm to my health.

I understand the person performing the procedure will have appropriate training and/or supervision.

*Patient's signature* : .....

*Print Name* : ..... *Date* : .....

**A witness must sign below if the patient is unable to sign but has indicated their consent**

*Signed* : ..... *Date* : .....

*Witness Name (PRINT)* : .....

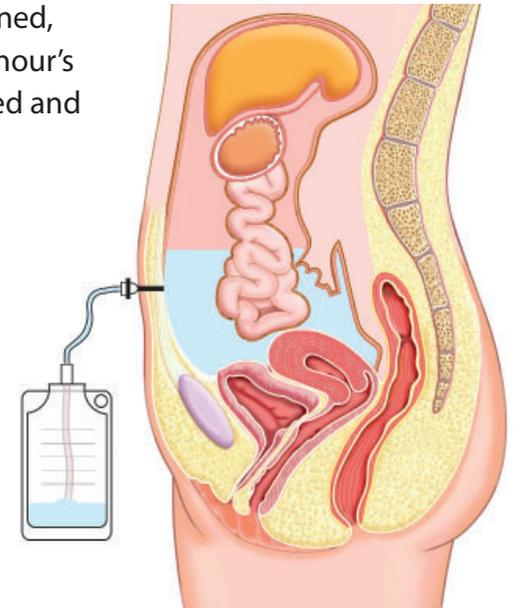
plastic canula to be inserted into a vein to allow fluids or medication to be given if required.

Prior to the procedure a portable ultrasound scan will be used to identify a suitable position for drain insertion.

The area where the drain is to be placed will be cleaned and then numbed using an injection of local anaesthetic and the drainage tube will then be inserted and attached to a bag.

Once the fluid has been drained, which usually takes several hours (6-8) the tube will be removed and a small dressing applied.

This should remain in place and kept as dry as possible for the next 48 hours. Occasionally drainage takes longer than expected and if this is the case you may need to remain in hospital overnight.



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## ■ Are there any risks from this procedure?

As with any medical procedure, drainage of ascites carries a risk of complication but these are rare:

**Fluid leak** - Sometimes following drainage fluid can leak from the drainage site and may require a collection bag until this subsides. If leakage continues you may require a small stitch to stop the site from leaking any further.

**Tube blockage** - You may be asked to change your position or sit up during drainage. Occasionally, we may have to change the tube.

**Low blood pressure** - Sometimes removal of a large amount of fluid can result in you developing low blood pressure and may require some fluid replacement.

**Infection** - If you develop a temperature or notice any redness, swelling or pain around the drainage site you should contact your GP or local hospital.

**Bleeding** - May occur if the needle enters a blood vessel. Some gentle pressure on the bleeding point is often all that is required. (The risk of significant haemorrhage is 0.2% = 2 per 1000).

**Organ perforation** - This is an extremely rare but potentially life threatening occurrence. (Incidence 0.6% = 6 per 1000).

If a life threatening complication occurs you may require additional procedures (such as surgery). Due to your underlying illness an operation may not always be appropriate.

## ■ Following your procedure

You will have a dressing covering the site when the drain is removed. You should keep the dressing dry and clean for at least 48 hours. We will give you a supply of dressings to take home in case there is any leakage.

If you have any concerns after the procedure once you return home contact your GP or liver specialist nurse for further advice.

## ■ Are there any alternatives to ascitic drain insertion?

Treatment of ascites usually starts with diuretics (water tablets) and fluid and salt restriction. Sometimes this doesn't work or is not safe. This is when we offer drain insertion.

Some people who require regular drainage may be suitable for an alternative procedure called TIPSS. This is not suitable for everyone but can be discussed with your gastroenterologist or liver nurse specialist.