Following the procedure you do not have to rest unless you feel you need to. If you have any discomfort you can take some simple analgesia. Please check with your specialist if the discomfort continues and you need to take analgesia regularly. It is safe for you to drive yourself home if required.

**Alternatives**

For patients who are receiving enhanced supportive care an indwelling abdominal drain can sometimes be placed by the pleural team (see Patient Information Leaflet on Indwelling Abdominal Drains) which is then drained daily at home by the district nurses with a weekly visit for HAS infusion.

**Contacts/further information**

For any further information please contact Fiona Smith, clinical nurse specialist hepatology on 01223 256529.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

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Who is this leaflet for? What is its aim?

This information leaflet is for patients who are having a paracentesis procedure. The aim of this leaflet is to explain the procedure, the reason for it being performed and what it entails.

What is a paracentesis?

A paracentesis is the name given to the procedure of removing a large volume of ascites (fluid in the abdomen) by inserting a drain under local anaesthetic.

Benefits

The aims of this procedure are to alleviate abdominal discomfort, help with shortness of breath associated with having ascites, improving appetite and help reduce or control the accumulation of fluid (oedema) in the legs. We consider this procedure when diuretics (water tablets) are not effective in keeping the fluid away.

Risks

There are a few manageable risks involved with procedure:

1. The main risk is bleeding; and we would check your blood before the procedure to ensure that your clotting is within our safe limits to perform the procedure. If the blood clotting is outside our limits we would give you blood products to ensure that it is safe to proceed.

2. There is a small risk of perforating an organ within the abdominal cavity. We minimise this risk by asking our radiologists to look at your most recent scans to ensure that there is no reason why we cannot perform the procedure safely, at the bedside. If we are concerned, we ask a radiologist to perform the procedure.

3. There is a small risk of introducing infection. We always perform the procedure in a sterile manner and the drain only stays in place for a maximum of six hours or when the ascites stops draining, whichever is soonest.

4. Removing abdominal fluid can lead to low blood pressure and an effect on the kidneys but we minimise this by giving concentrated protein solution at intervals during the procedure.

Procedure

Before the procedure:

Normally you will have been booked in as an elective patient which means that you will come in as a day case. You can eat and drink as usual prior to this procedure. The procedure will be performed either on ward D5 or in the Radiology Day Unit (RDU). You will have been advised whether to go to ward G2 for cannula and bloods before going to D5 or whether to go straight to RDU.

The professional performing the procedure will explain what happens to you and ask you to sign a consent form.

During the procedure:

Once you have had your blood checked you will be lying comfortably on a couch or bed. You will have a small injection of local anaesthetic into the skin of your abdomen, which may sting a little but this is to numb the skin, the tissues underneath and track down to the fluid. Once the area is numb a small hole is put through your skin to allow the drain to be inserted more easily. Once the drain is in situ it will be taped to your abdomen and attached to a drainable bag. Sometimes we send samples away to the laboratory to be tested.

As the fluid is being drained you will be given intermittent bottles of Human Albumin Solution (HAS) to replace the protein that is being drained away with the fluid and reduce the risk of low blood pressure.

After the procedure:

The drain will be removed once it has stopped draining or you have reached a limit for drainage or the maximum time limit of six hours has been reached. The drain is removed by the ward nurses and a sterile gauze dressing is placed over the site and taped. Sometimes the drain site is glued to ensure no leakage.