



Royal Berkshire
NHS Foundation Trust

Drainage of ascitic fluid (paracentesis)

Information for inpatients

This leaflet explains what happens during paracentesis (drainage of ascitic fluids). If you have any questions or concerns, please speak to your doctor or nurse.

What is ascites?

Ascites is the medical term used when excess fluid builds up inside the abdomen. The body normally produces a small amount of fluid in the abdomen. This fluid helps the organs inside the tummy to glide past each other without friction. The fluid is constantly reabsorbed and reproduced.

Ascites occurs when the balance of fluid production and absorption is disrupted, causing too much fluid to build in the abdomen. There are numerous causes of ascites but the most common cause is disease of the liver.

What symptoms may ascites cause?

Ascites can be very distressing. It can:

- Make your tummy more swollen than usual resulting in pain / discomfort in your tummy.
- Make you feel short of breath and reduce your mobility.
- Make you feel lethargic.
- Make you feel sick (nausea) and/or be sick (vomiting).
- Give you indigestion.
- Result in poor appetite.
- Cause constipation or diarrhoea.

What options are there to treat the ascites?

The symptoms of ascites can be improved by removing the extra fluid in the abdomen. This can either be done with medications called

diuretics (water tablets) or by inserting a temporary drain into your abdomen (paracentesis). Water tablets alone can sometimes be difficult to control the ascites and take longer to work, whereas paracentesis provides immediate relief. Often patients require both medications and drainage. Your doctor will provide further advice on these options.

What does ascitic drainage (paracentesis) involve?

An ascitic drain involves putting a tube into the abdomen to drain the fluid. Before the procedure, the doctor will explain the procedure to you and ask for your consent.

- We will ask you to lie down on the bed to help with the procedure.
- The doctor will identify the safest point to insert the drain. If it is difficult to identify, you may need a scan of your tummy using ultrasound to help identify this point.
- The skin where the drain will be inserted is cleaned using anti-septic. This helps to reduce the risk of infection.
- The doctor will then administer local anaesthetic to your tummy (this helps to numb the area where the drain will be inserted).
- After the anaesthetic has started to work, the doctor will make a very small cut in the skin of the abdomen and a thin tube is inserted in through the cut.
- This tube is attached to a drainage bag and fluid drains from your abdomen into the bag.
- Often only a dressing is required to keep the tube in the correct position whilst it is draining fluid.
- The time that drain is kept in varies, but often it will be in place for up to 6 hours.
- The fluid drained is usually simultaneously replaced with a drip of fluid and protein (through a ‘drip’ in your arm).

There is the possibility that the fluid may re-accumulate and the build up of fluid may need to be drained again in future.

Draining the fluid can affect how well your kidneys are working. Your doctor may wish to arrange a blood test to check your kidney function within a week of the procedure.

Possible side effects of procedure:

- Feeling tired.
- Increase pain in your abdomen.
- Leakage of fluid from the site that the drain was inserted (for up to 72 hours after the procedure). 5 in 100 patients having this procedure experience this.
- Local infection at the site the drain was infected.

Complications / risks of the procedure

The risks involved in paracentesis are rare, with less than 1 in 100 patients experiencing any of the following complications:

- Infection of your tummy (this will cause your temperature to rise, feeling sweaty and feverish/ shivering).
- Puncturing a blood vessel can result in bleeding which can be significant and associated with low blood pressure, which potentially could be life-threatening.
- Damage to organs inside your tummy (e.g. liver, spleen, intestines). This is a very serious complication of the procedure but occurs in less than 6 in 1000 cases.

Department of Gastroenterology

Royal Berkshire NHS Foundation Trust

Telephone: 0118 322 7467 (Sidmouth Ward) 8.00am – 4.00pm

Dr R Kader, June 2014

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