

Drainage of Ascites

What is ascites?

Ascites is a collection of fluid in the abdomen, commonly caused by cancer, but can also be due to other reasons. It is produced in the abdominal cavity faster than it can be reabsorbed, causing the abdomen to swell and sometimes become uncomfortable.

When and why does it need draining?

Drainage of ascites can be done either to find an answer as to exactly what is causing the build-up of fluid, or because it becomes uncomfortable.

If not drained, ascites can cause pain, discomfort, sleepless nights, swollen legs and sometimes difficulties with breathing because of the swelling of the abdomen.

Who decides when it needs draining?

We are normally guided by you as to when to drain the ascites. If you are feeling uncomfortable, particularly if this has happened before, you are likely to know when you would want to have the ascites drained. We would normally, however, just confirm that there is fluid to be removed by using an ultrasound scan before draining the ascites. The scan and the drainage of ascites will be done by a doctor trained both scanning and the procedure. Sometimes we would ask your permission for a doctor being trained in the technique to perform the procedure under supervision. You will be perfectly entitled to decline if you wish.

How is it done?

Drainage is usually done as a daycase but occasionally can involve an overnight stay in hospital. An ultrasound scan is done either prior to the drainage or at the same time, to show the doctor the right place to drain the fluid. A local anaesthetic is used to numb the skin.

After the anaesthetic, a long thin tube is put through the skin into the abdominal cavity containing the ascites. The local anaesthetic used on the skin may not affect the internal layers of the body, so some people feel some discomfort as the needle goes in. However, this is normally very short-lived, and most find it manageable.

Once in place, the tube is taped to the skin, and the ascitic fluid drained off, usually within the next 4-6 hours. The fluid can be clear, straw coloured or blood stained; all are normal. The removal of the fluid itself is painless. Once the

ascites has been drained off (commonly between 2 to 9 litres of fluid is removed) the tube is taken out, the small hole covered with a dressing, and you will be free to go home.

Possible Problems

Although draining ascites is almost always uncomplicated, there are rare chances of problems. Injury to the bowel is possible, although using ultrasound to see where to put the drain should avoid this problem. As with the use of any needle, there is the chance of infection at the site of drainage; if you have any redness or tenderness at the site of the needle please contact the hospital. It can occasionally be difficult or impossible to drain off the ascites if the tube gets blocked, the ascites is in small separate pockets, or there is no safe place to put the drain. Not uncommonly, the drainage site leaks for a few days. A dressing or occasionally a bag over the area may be needed to catch the leakage. Some women also notice some discomfort after the ascites has been removed, and can have a change in bowel habit following drainage. Both of these usually settle within a few days.

Diuretics (Water Tablets)

Diuretics are commonly used to reduce the build up of ascites. You will usually be offered spironolactone or frusemide (or both) after the ascites as been removed.

How can I arrange for the ascites to be drained?

If you feel the ascites needs draining, please ring one of the Macmillan nurses (Shelagh Roberts or Chris Webster) and ask to be booked in to come in to hospital on a Tuesday morning or Friday morning to perform the paracentesis (drainage of ascites). Please bring an overnight bag with you in case you need to stay one night in hospital, although we aim to be able to get you home between 4 and 6pm the same day in most situations.

Useful Telephone Numbers

Macmillan nurses	0151-7024186
Gynaecology Ward 1	0151-7081180

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