

# Patient information

## Paracentesis

### Introduction

Ascites is accumulation of fluid within the peritoneal cavity (inside the abdomen), and may be due to a number of causes. Malignant ascites is a common complication of gynaecological cancer, particularly metastatic cancer of the ovary. It may also be associated with a pleural effusion (fluid in the chest), and can lead to unpleasant symptoms of abdominal distension and shortness of breath.

The purpose of draining the ascites is two-fold: to carry out a diagnosis by obtaining peritoneal fluid for cytology (microscopic examination of the cells) and/or to relieve symptoms. Paracentesis to relieve symptoms is unfortunately only a temporary procedure, and may not always achieve its aim due to other causes of abdominal distension, such as a large tumour or bowel obstruction. In the presence of cancer the fluid is likely to recur, and the procedure may need to be repeated.

### What is involved?

Before the procedure you will have an opportunity to discuss the situation with the medical and nursing staff looking after you, so that you can be sure this is the right procedure for you.

You will be asked to sign a consent form for the procedure. Whilst this is generally a safe procedure, rare complications have been described, which include bowel perforation, bleeding, infection and failure to drain the ascites or relieve symptoms.

You will need up to date blood tests to ensure you are not at increased risk of bleeding.

You will be asked to empty your bladder before the procedure, which is carried out under local anaesthetic, usually using ultrasound to check the position of the needle. A fine drain is inserted through a 2mm cut in the skin, and left to drain.

The drain is removed after 6 hours, or if up to 5 litres of fluid has drained.

It is important to stay well-hydrated during the procedure- drink plenty of fluids if possible. If this is not possible then intravenous fluid will be given.

You may experience mild abdominal discomfort during the procedure. The nursing staff are there to help you and will be taking observations to check your condition. Please let them know if you feel unwell or experience any significant pain.

The drain is removed once 5 litres fluid has drained or 6 hours has elapsed and a smaller volume has drained, or sooner if the drain stops. Once the catheter is removed the drain site may continue to leak and may require a firm gauze dressing. If leakage is excessive a transparent dressing or skin glue, or a small stoma bag can sometimes be used until leakage settles.

## Aftercare

If you are feeling well it is often possible for you to go home on the same day. You may need to remain in hospital if your condition requires it.

If there is any doubt you will be reviewed by the medical staff to ensure plans for follow-up have been made including instructions on how to seek help if necessary. The ward is contactable 24 hours per day on 01284 713235 or 713236. Messages can be left for the Gynaecology Cancer Nurse Specialist on 01284 713154

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

