What are the potential risks?

The chance of a significant complication from this procedure is very small. Ultrasound guidance is the safest and quickest way of performing ascites drainage.

The most common risk is mild discomfort in the area where the drainage tube was put in. This discomfort is usually temporary and will go away once the drain is taken out. There is a very small risk of damage to the bowel or surrounding area. This is very uncommon because the ultrasound machine is used to clearly show where to place the drain.

Significant bleeding from the drain insertion is very rare. Sometimes the fluid can build up again after the drain has been removed. If this happens you may need to have the procedure again.

If you have severe pain that is not relieved by simple pain killers, continuous bleeding, swelling or redness at the injection site, reduced mobility, fever or feel unwell see the referring doctor or visit your nearest emergency department.

Disclaimer:

The information contained in this brochure is intended as a guide only. If patients require more specific information please contact your referring Doctor.

FOR MORE INFORMATION CONTACT:

Medical Imaging Department

Swan Hill District Health

48 Splatt St

Swan Hill, VIC, 3585

Phone: (03) 5033 9286

Email: radiology@shdh.org.au

Web: www.shdh.org.au

Fax: (03) 5033 9255

Please bring your Medicare card and any Healthcare, Pension or Concession cards if applicable.

If you have any other related previous imaging from another provider please bring them on the day.

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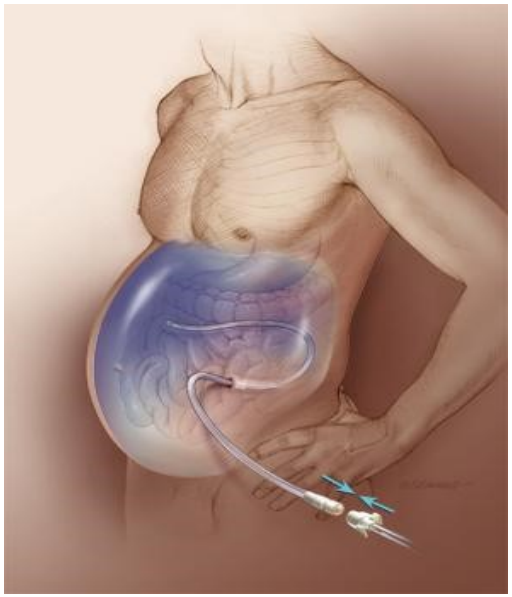
Abdominal Paracentesis (Ascites Drainage)



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Medical Imaging Department

What is an Abdominal Paracentesis?

Your doctor has referred you to the Medical Imaging Department to have an abdominal paracentesis (ascites drain) inserted by a Radiologist under ultrasound guidance.

The ascites drain is a small plastic tube put in place using a needle. It is placed directly through the skin to drain off excess fluid in the abdominal cavity. The ultrasound machine shows the doctor the safest and easiest place to put this tube.

Everyone has a trace of fluid (less than 25ml) in their abdominal cavity, outside of the bowel. When you have too much fluid this is called ascites. Ascites can develop slowly over many months or can develop quickly over a few days.

There are many causes of ascites, the ascites fluid collected can be tested in a laboratory to help work out the cause of the ascites.

Before the procedure

You may be asked to fast (not to eat or drink for a period of time) before having the procedure.

If you are taking blood thinning medications, you may need to stop taking them for several days before having the ascites drainage. Your referring doctor will advise you about this.

A blood test to check coagulation profile (your bloods ability to clot) is required prior to your procedure, your referring doctor should organise these tests. Your pathology slip for this blood test should say FBE & INR.

Additionally, the referring Doctor should provide you with a pathology form so that a sample of the ascites fluid can be sent for testing.

During the procedure

During the procedure you will have an opportunity to ask one of the nursing staff further questions or to speak to the doctor performing the drainage.

You will be positioned on the bed where the procedure is to take place. An ultrasound will be performed by the doctor to determine the safest and best site for drain access.

After washing your skin with antiseptic, a small amount of local anaesthetic will be injected into the skin, which may sting for a moment.

A small tube or cannula will then be inserted into your abdomen, through which the ascites fluid will drain, before being collected and measured in a drainage bag.

How long will the procedure take?

The appointment will take an hour to allow time for preparation prior to the procedure. However, the actual insertion of the drain tube will take approximately 20 minutes or less to complete.

You will be required to stay in hospital while drainage occurs, this can vary per person (usually no more than 4 – 6 hours). The drain is removed when the fluid stops draining or the specific amount requested to drain is reached.

A waterproof dressing will then be applied (which can be removed two days post procedure).