

Nurse Led Day Case, Ascitic Drain

Patient Information

The organs of the abdomen are wrapped in a filmy membrane called the peritoneum. The peritoneum is made up of two layers; one layer encloses the organs (such as the liver and the intestines) and the other layer lines the inside of the muscle wall of the abdomen. The peritoneum produces small amounts of fluid which lubricates the two layers so that they slide easily over one another as we move about.

Cancer related ascites

When some cancers spread, they form seedlings of secondary cancer on the surface of the peritoneum. These seedlings irritate the peritoneal membrane and make it inflamed. To try and soothe this inflammation, the peritoneum produces more of its lubricant fluid.

Liver related ascites

This is caused by a combination of elevated pressures in the veins running through the liver and a decrease in liver function.

This accumulation of fluid in the abdomen is called ascites and the fluid itself is called ascitic fluid.

This peritoneal fluid (ascitic fluid) is then trapped within the abdomen. As more fluid builds up it will begin to press on the organs in the abdomen and cause swelling of the abdomen. As the fluid build-up increases, the resulting pressure will gradually lead to symptoms of discomfort and may lead to loss of appetite and feelings of sickness and constipation.

A simple physical examination and/or an ultrasound scan are often all that is needed to diagnose the presence of ascites. The usual treatment for ascites caused by cancer is to drain the fluid which gives very rapid relief from troublesome symptoms like discomfort and swelling. Sometimes, taking water tablets (diuretics), can remove excess fluid from the body and will help to control the ascites, but will not get rid of the fluid.

The drainage procedure is quite simple. A local anaesthetic is given into the skin of the abdomen and a small tube inserted through an incision in the muscle wall. The fluid is then drained off into a bag. This can take up to 6 hours. The procedure is a little uncomfortable, but not usually painful.

The ascites may return, which may result in the procedure being repeated.

Reference: CS219 Department: Clinical Services

Author: Tracy Johnson/ Emma Walters Review Date: June 2023



Procedure Plan

Once you have been identified as being suitable to have this procedure performed, a referral will be made to the team, who will contact you once an appointment date has been made.

You will require an ultrasound scan so that a suitable site for the drain to be inserted can be marked. The scan will usually be done early in the morning in the Ambulatory Care Unit (ACU).

Once the site has been marked, the drain will then be inserted within the ACU.

The drain will be removed after approximately 6 hours and as long as you have no complications following the procedure/drainage, you may go home.

Contact Numbers:

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