

# Drainage of Ascites in Gynaecological Malignancy: a single-centre quality improvement project (QIP)

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## Objective:

1. Ascites is the accumulation of fluid within the abdominal cavity. Women with advanced ovarian cancer usually require repeated drainage for ascites. Managing drains that improve the efficacy & quality of the procedure is key in making recommendations that could improve the quality of life for these women.
2. Guidelines to advise & guide those health professionals involved in the drainage of ascites are usually produced locally & are generally not evidence-based. We aimed to standardise the care provided to these patients within our unit.

## Design:

A quality improvement project that consisted of a literature search to capture existing practice & current guidelines on the drainage of ascites. We subsequently constructed our local standard operating procedure (SOP) for drainage of ascites along with a relevant patient information leaflet.

## Method:

We searched clinical trial registries, literature references, UK-hospital based protocols & clinical practice for the relevant information to standardise care of these patients. The SOP policy was finally implemented into care provision after appropriate approvals through guideline group. A patient information leaflet was also introduced to assist the care of the patients.

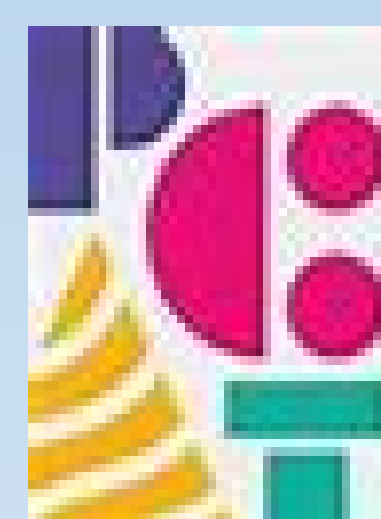
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## Results:

The constructed SOP policy provided clear guidance to nursing & medical staff. It gave a step-by-step approach to the care of a patient with ascites from admission to discharge. It highlighted the context of precautions, necessary investigations and possible complications of the drainage procedure. It informed a clear plan of care on the day of procedure and most importantly how these patients should be followed up post-procedure at the day assessment unit. The SOP policy clearly states that medical review of the patient during drainage of ascites is necessitated when the patient has abnormal observations, is clinically unwell or when more than 5 lt of fluid have been drained. Additionally, the policy states that clamping the drain will be considered if patient becomes hemodynamically unstable (BP <85mmhg) or drainage reaches up to 6 litres in one day. The patient information leaflet is aligned with the SOP policy & describes what happens during & after the drainage procedure to shape the patients' expectations and improve patient compliance & experience.

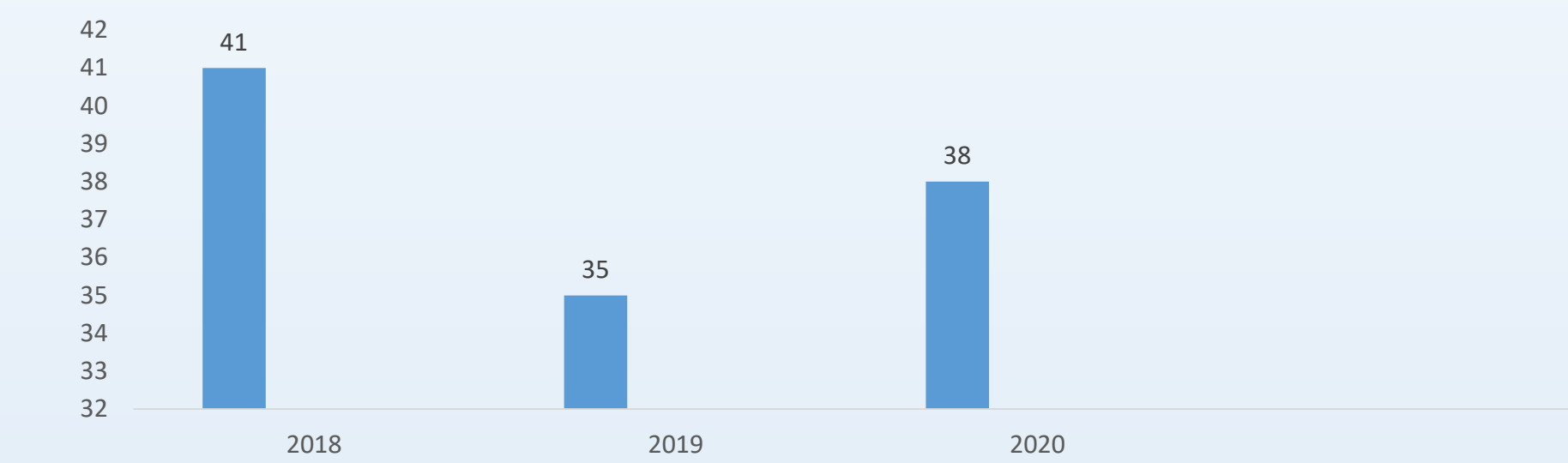
## Conclusion:

1. Standardize care of women attending GATU for Paracentesis.
2. Clear guidance to nursing staff & medical staff.
3. Improved patient experience.
4. PDSA Cycle application.



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## Service Review



## Process of Paracentesis

- Shared decision for paracentesis.
- Check FBC, LFTs, U&Es and coagulation profile (ideally not before 72 hours of the planned procedure).
- Appropriate bridging for anticoagulants as per trust guidelines
- Relevant written information will be given to the patient prior to her arrival at GATU on the day of Paracentesis.
- Patient will be admitted in GATU at 0800 hrs.
- Observations will be recorded on arrival at GATU.. Patient's BMI will be measured pre procedure. Bloods including FBC, LFTs, U & E, and Coagulation will be sent on the day of paracentesis if not performed during last 72 hours.
- Nil by mouth before during or after the procedure not required.
- Transport to ultrasound department accompanied by the porter before & after the procedure from GATU.
- The procedure shall be carried out by the Consultant radiologist in the department of radiology under USG guidance.
- Once drain is inserted, the patient is transferred back to GATU for post procedure observations.
- Half hourly observations for two hours followed by one hourly observation for another two hours. If patient needs in-patient stay, then continue 4 hourly observations till discharge.
- Medical review will be required if nursing staff becomes concerned about observations: hypotension, fainting /dizziness/feeling unwell.
- Medical review will be needed if drainage is more than 5 litres after paracentesis (ref).
- Clamp the drain if patient becomes haemodynamically unstable., can be restarted once reviewed by medical team & patient agrees to continue the drainage after discussion. Once drainage has slowed or stopped, the drain can be removed.
- Discharge letter should clarify further appointment & patient should be provided details of Oncology CNS.

## References:

1. Godard L (2012) *Drainage of Abdominal Fluid (paracentesis-information for patients)* Radcliffe Hospitals NHS Trust. Oxford
2. <http://www.nth.nhs.uk/content/uploads/2017/07/patient-leaflet-july-2017-paracentesis.pdf>
3. <http://patientinfo.nhshighland.scot.nhs.uk/liver/abdominal...>
4. [http://www.sthk.nhs.uk/patients-visitors/Patient%20Information%20Leaflets/Liver%20Services/Abdominal%20Drain%20Procedure%20\(Paracentesis\)%20Final%20NOV%202016.PDF#search=paracentesis](http://www.sthk.nhs.uk/patients-visitors/Patient%20Information%20Leaflets/Liver%20Services/Abdominal%20Drain%20Procedure%20(Paracentesis)%20Final%20NOV%202016.PDF#search=paracentesis)