



PATIENT INFORMATION

**INFORMATION ON MANAGING ASCITES IN
UPPER GASTRO INTESTINAL CANCERS**



Introduction:

Ascites, or malignant ascites is the medical name for a build-up of fluid in the abdomen (pronounced ay-site-eez). The tummy (abdomen) consists of many organs such as the stomach, pancreas, bowel, spleen, kidneys and liver. A layer of tissue (peritoneum) surrounds these organs, it consists of 2 layers. One layer to line the wall of the abdomen and the other to cover the organs. The layers produce a small amount of fluid so that the organs in the abdomen can move smoothly. When fluid builds up between the 2 layers this can make the abdomen swell, this fluid build-up is called ascites. Ascites can be uncomfortable, and may also cause other symptoms such as:

- Breathlessness
- Bloating / abdominal pain / back pain
- Loss of appetite / indigestion
- Needing to pass urine often
- Constipation
- Fatigue
- Nausea / vomiting
- Difficulty sitting comfortably or moving around

Cancer of the stomach, pancreas and liver (amongst other cancer types) can cause ascites. This can be due to numerous reasons such as:

- cancer cells can irritate the lining of the abdomen and make it produce too much fluid.
- Lymph glands in the abdomen become blocked and are unable to drain properly.
- Cancer has spread to the liver, which raises pressure in the nearby blood vessels, which forces the fluid out.
- The liver cannot make enough blood proteins, so the fluid leaks out of the veins into the abdominal cavity.

What happens next?

If this is the first time that you have noticed swelling in your abdomen it is likely that your Doctor will want to order a scan to assess the swelling further and to calculate the amount of fluid that is in the abdomen – this information will help your Doctor to decide how best to treat your symptoms.

Your Doctor may request an Ultrasound scan (US scan) or a Computed Tomography scan (CT scan). They will also likely request an up to date blood test to be performed to assess your general health and how well your kidneys and liver are working. Your Doctor will also need to know if you take any medication that thins your blood (anti-coagulation therapy) as you may need to pause this medication before you have a drain inserted.

Once your Doctor has received the results of your scan they will then be able to decide on whether the fluid from your abdomen requires drainage.

Drainage of the abdominal fluid using a tube (paracentesis) (pronounced para-sen-tee-sis) can often be done as an outpatient (day case) appointment, or sometimes you may need to stay in hospital (inpatient) depending on what your Doctor recommends. Paracentesis is often performed under Ultrasound guidance. Paracentesis can also be referred to as an ascitic drain. The drainage of the fluid from your abdomen reduces the swelling and should make you more comfortable.

In order to drain the fluid from your abdomen the nurse will ask you to lie down on the bed and get comfortable. The doctor will then clean the skin on your abdomen and will give a local anaesthetic injection in order to numb the area. The Doctor will then make a small cut in your abdomen and gently use a needle to put a small tube into the fluid. The Doctor then attaches the tube to a drainage bag, which may sometimes require a few stitches to the skin to help it stay in place. The Doctor then covers the tube with a dressing, which also helps to keep it in position.

Depending on how much fluid there is in your abdomen, you may require the drain for a few hours, or longer. The Doctor and nursing team looking after you on the day of your drainage should be able to indicate to you how long the drainage will likely take. The nurses will help to look after you and will monitor your vital signs (blood pressure, heart rate, breathing rate, temperature) throughout your visit for the drainage.

Once the correct amount of fluid is drained from your abdomen the nurse will carefully remove the drain and will place a dressing over the drainage site. Sometimes the drainage site can leak a little bit, and in this case a small drainage bag would be used to catch the fluid.

Sometimes the fluid will build up again, and possibly quite quickly. If this is the case for you then it may be possible for a longer term drain to be put in place so that you can drain the fluid off whilst at home (with the help of a community/ district nurse). Your doctor or specialist nurse can discuss this further with you if they believe it will benefit you.

How long will this take?

Once your Doctor requests the initial scan to assess the amount of fluid in the abdomen it can take up to a couple of weeks for the scan to be done and for you to be booked in for paracentesis if required.

What shall I do in the meantime?

Please inform your Doctor or specialist nursing team when you first become aware of the build-up of fluid in your abdomen, as being made aware of this at an early stage means your Doctor and specialist nursing team can help to organise the necessary tests involved in order to get you feeling more comfortable again.

If outside of CNS working hours and you require medical advice or attention, please seek this via the out of hours GP service or contacting 111. Please only attend A+E in an emergency.

Other information:

Waiting for investigations and procedures can be a difficult time. You may find it helpful to talk to your partner, family, or a close friend. We aim to do everything as promptly as possible.

You may find it helpful to speak to a member of the Macmillan team. They can be contacted locally on the below telephone numbers:

Worcester hospital main atrium:	01905 733837
Worcester hospital oncology unit:	01905 760674
Alexandra hospital:	01527 503030 extension: 44238
Kidderminster hospital:	01562 513273

Contact details for UGI CNS team:

Upper Gastro Intestinal (GI) Clinical Nurse Specialist (CNS) contact details:

Working hours: Monday – Friday, 0900-1700.

External: 01905 733615

References:

Information in this leaflet has been guided by resources available from:

<https://www.cancerresearchuk.org/about-cancer/coping/physically/fluid-abdomen-ascites/about>

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.