

Abdominal paracentesis ambulatory pathway at a specialist cancer centre - a service evaluation

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Introduction

Malignant ascites is associated with metastatic cancer and poor prognosis, impacting quality of life (QoL) and resulting in significant symptoms for many patients with cancer (Stukan, 2017). As a supportive treatment for this relatively common condition, malignant ascites can be drained by paracentesis, a procedure considered to be the main modality in which a catheter is temporarily placed in the peritoneum to remove the unwanted fluid (Young et al., 2020). Despite the focus in managing malignant ascites clearly being to provide rapid symptoms palliation, unfortunately there are still no national golden standard indicating what the best practice should be. This service evaluation aims to evaluate the safety, effectiveness, and patient-reported outcomes of the local ambulatory paracentesis pathway in place to manage malignant ascites.

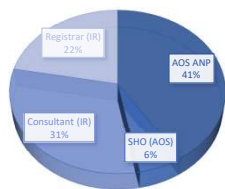
Method

Retrospective data of 32 patients' records were systematically collected, analysed, and interpreted. A comparison was made between procedures undertaken by the acute oncology (AO) nurse-led service and intervention radiology (IR).

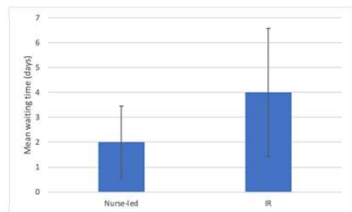
Results

- Of the 32 drains inserted during a 6-month period between January-June 2023, 47% (15) were under AO; 53% (17) under IR.
- No statistically significant difference from average 10 hours stay in hospital for procedures undertaken by AO and IR services.
- All patients were discharged as day-case post-procedure, and no complications or hospitalizations were noted.
- Statistically significant difference from average 2-days wait under AO nurse-led to average 4-days wait under IR, $p < 0.05$.
- No systemic anti-cancer treatment or radiotherapy delays were observed due to waiting for paracentesis, but noted variation on referral pathway noted, causing delay on patients accessing procedure.
- 13% of drainage under nurse-led service were carried out by junior doctors with ANP supervision, to enable junior doctors' training.
- 22% (7) were known to the symptom control and palliative team, 28% (9) to dietician team, and 22% (7) to psychological support.

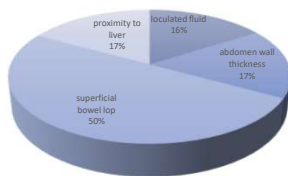
Clinicians/practitioners performing paracentesis



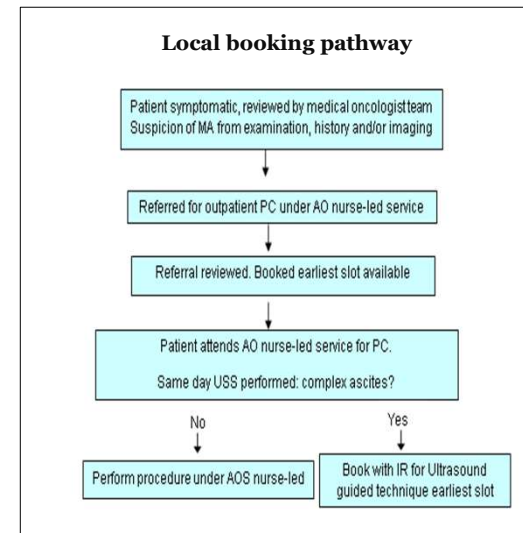
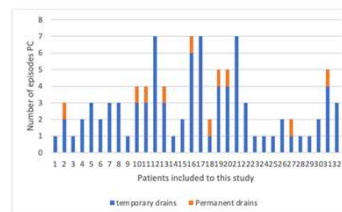
Waiting time per department



Reason for failed skin marking on ultrasound



Total number of episodes for paracentesis



Discussion

This service evaluation has demonstrated a safe local pathway is in place for day-case paracentesis, based on the absence of complications or need for patient admission post-procedure. It was possible to determine key priorities for local service development such as continuous pathway streamlining with early referral to AO and SCPT to promote a positive impact on patient outcomes; introduce a patient self-referral pathway to AO for paracentesis to fast-track large volume of malignant ascites, utilising a measurement tool; further explore available resources and relevant research to carry out training, supporting a nurse-led ultrasound guided paracentesis service, enhancing patient experience; and introduce a pain measurement and symptoms burden tool as part of follow-up of patients with malignant ascites.

Conclusion

The growing number of patients experiencing symptoms related to malignant ascites is likely to increase further with associated demands upon healthcare providers. Patient-centred and healthcare systems need to continue creating strategies to efficiently support patients in managing cancer complications and improve QoL (Jordan et al., 2018).



Reference List

Jordan, K., Aapro, M., Kaasa, S., Ripamonti, C., Scotté, F., Strasser, F., Young, A., Bruera, E., Herrstedt, J., Keefe, D., Laird, B., Walsh, D., Douillard, J. and Cervantes, A. (2018) 'European Society for Medical Oncology (ESMO) position paper on supportive and palliative care.' *Annals of Oncology*, 29(1), pp.36-43; Stukan, M. (2017) 'Drainage of malignant ascites: patient selection and perspectives', *Cancer Management and Research*, Volume 9, pp.115-130; Young, A., Board, R., Leonard, P., Cooksley, T., Stewart, A. and Michie, C. (2020) 'Problem solving in Acute Oncology', 2nd edn. Oxford: Evidence-based Networks Ltd.