**Background:** A patient with locally advanced peritoneal mesothelioma experienced increasingly rapid accumulation of ascites. When the ascites had re-accumulated the patient experienced abdominal pain, reduced appetite, and urinary incontinence. 11 ascitic drains were required in a 12 month period. We adapted our services to meet these needs.

**Drainage offered only when symptomatic at local hospital under ultrasound guidance:** Length of stay 6 days; time from decision to drain insertion 144 hours; drain was in situ 120 hours (mean) with no complications; and 2 ambulance journeys were needed.

**Drainage pre-arranged monthly at local hospital under ultrasound guidance:** Mean length of stay 5.75 days; mean time from decision to drain insertion 24 hours; drain was in situ 102 hours (mean); and the mean number of ambulance journeys per admission was 2.25.

**Hospice purchased ultrasound machine and staff trained in abdominal ultrasound**

**Ultrasound guided ascitic drains performed at hospice whenever needed:** Mean length of stay 5 days; mean time from decision to drain insertion 1.2 hours; drain was in situ 100.8 hours (mean); and the mean number of ambulance journeys per admission was 0.

**Interventional radiologist at local hospital trained in insertion of PleurX® drain**

Due to increasingly frequent re-accumulation of large volumes of fluid a permanent PleurX® drain was inserted: No further inpatient admissions to the hospice have been needed but ongoing support with the ascitic drainage is provided in the Day Therapy Unit.

**Conclusion:** The introduction of ultrasound guided ascitic drainage at the hospice resulted in reduced length of time from decision to insertion of drain, reduced length of stay, reduced number of ambulance journeys, and reduced use of the hospital ultrasound department. There was no increase in the rate of complications arising as a result of performing ultrasound guided ascitic drains in the hospice as compared to the hospital ultrasound department. In the 5 months since purchasing the ultrasound machine an additional 17 patients been scanned for ascites.

**Future Service Development Planned:** Establish local guideline for ascitic drain insertion and management; create a proforma for documentation of ascitic drain insertion; and establish a policy for obtaining and recording consent for invasive procedures. An audit is then planned to ensure we continue to improve our ascitic drain insertion service.

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