

HOSPICE ULTRASOUND AVAILABILITY ENABLING OUT OF HOSPITAL PARACENTESIS DURING THE FIRST COVID LOCKDOWN. A REVIEW OF PARACENTESIS ACHIEVED AND THEIR SONOGRAPHIC APPEARANCES.

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BACKGROUND

Like many other hospitals in the UK, the NHS trust local to Saint Francis Hospice (SFH) became overwhelmed with Covid patients during the first lockdown (April to June 2020). The Trust struggled to access a hospital bed for people with advanced disease requiring paracentesis, and getting a permanent drain was difficult. The use of ultrasound in hospices has grown in recent years; its usefulness in hospice paracentesis is well documented. Knowing that SFH had access to ultrasound gave oncology and cardiac colleagues confidence to offer the hospice as an alternative.

AIMS

To identify by retrospective notes review whether the first lockdown affected frequency of paracentesis procedures carried out by the hospice, to identify any obstacles to smooth admission/procedure, and to identify outcomes.

KEY STATISTICS

16/18	planned admissions for paracentesis (other 2 crisis admissions for other reasons)	Average volume drained	9.5l
18/18	ultrasounds pre procedure	Beds available prior to pandemic	18
5.9 DAYS	Average wait referral to admission	During pandemic	12
53 HOURS	Average time drain in situ	Drains carried out prior to the pandemic 11 (During the pandemic 7)	11

METHOD

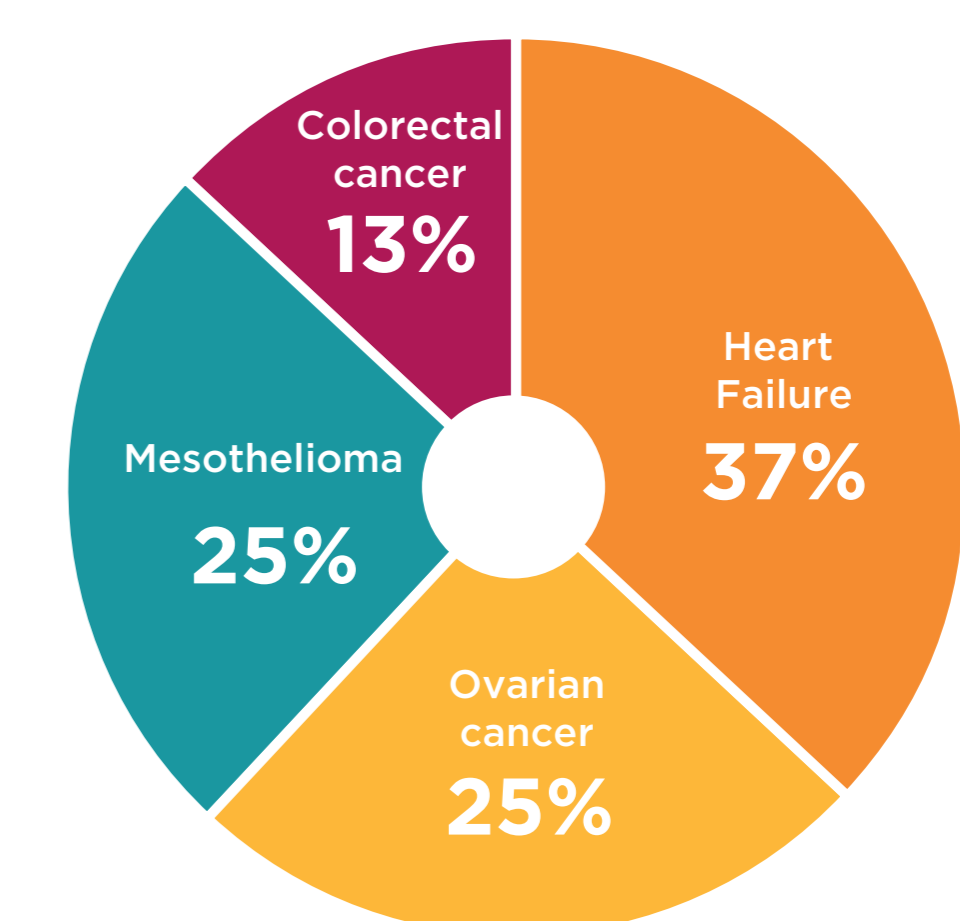
Retrospective review of hospice notes, search terms 'paracentesis', 'ascites'.

RESULTS SUMMARY

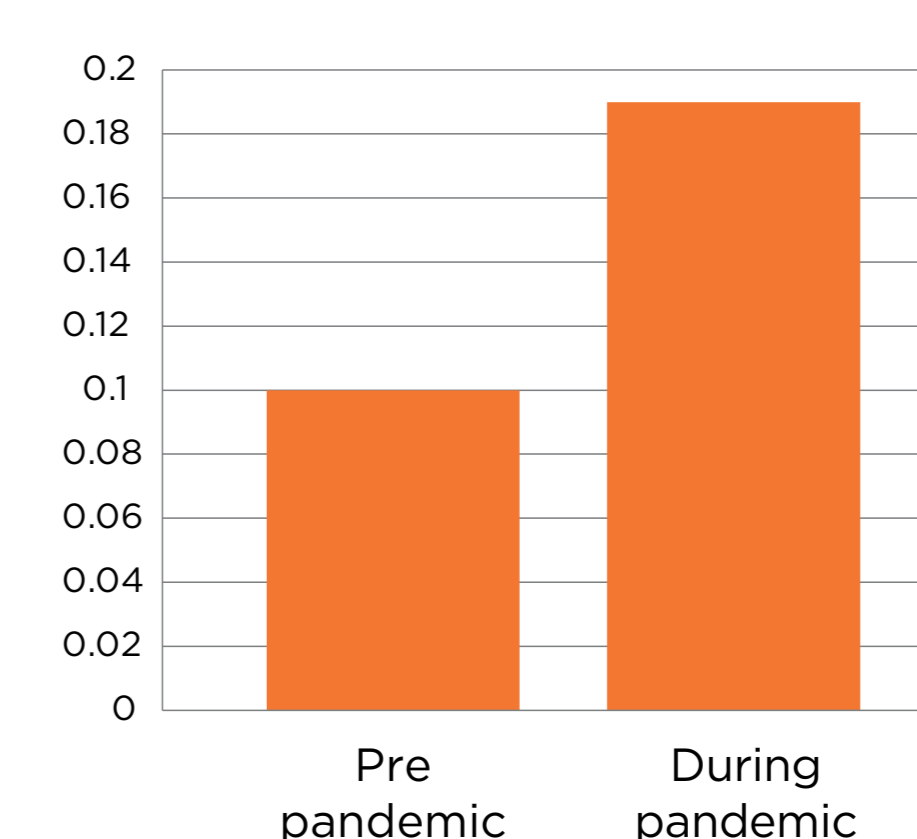
Positive feedback was received from patients.

No adverse events were attributable to the procedure.

The review identified need for adjustment of the admission process to avoid delays from blood tests awaited or sonographer unavailability.



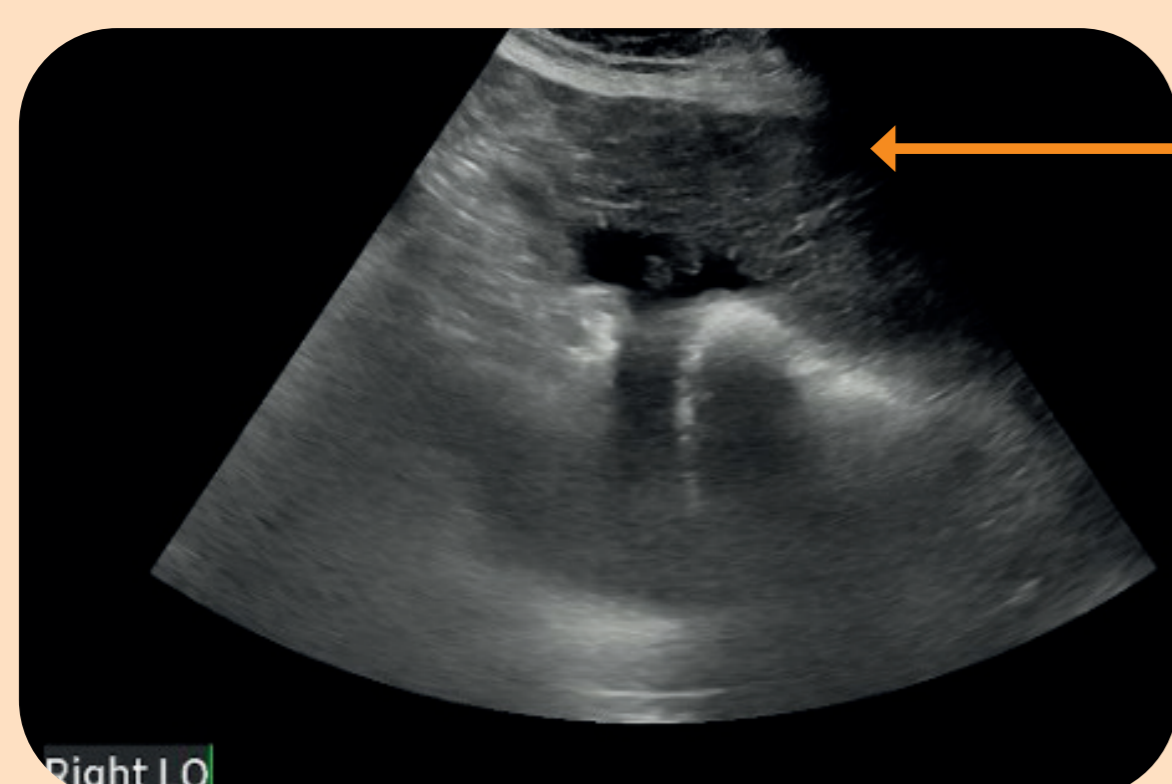
Paracentesis achieved per available bed per month



Transudate ascites as shown in the ultrasound image above low in protein and typically associated with ascites due to heart failure.



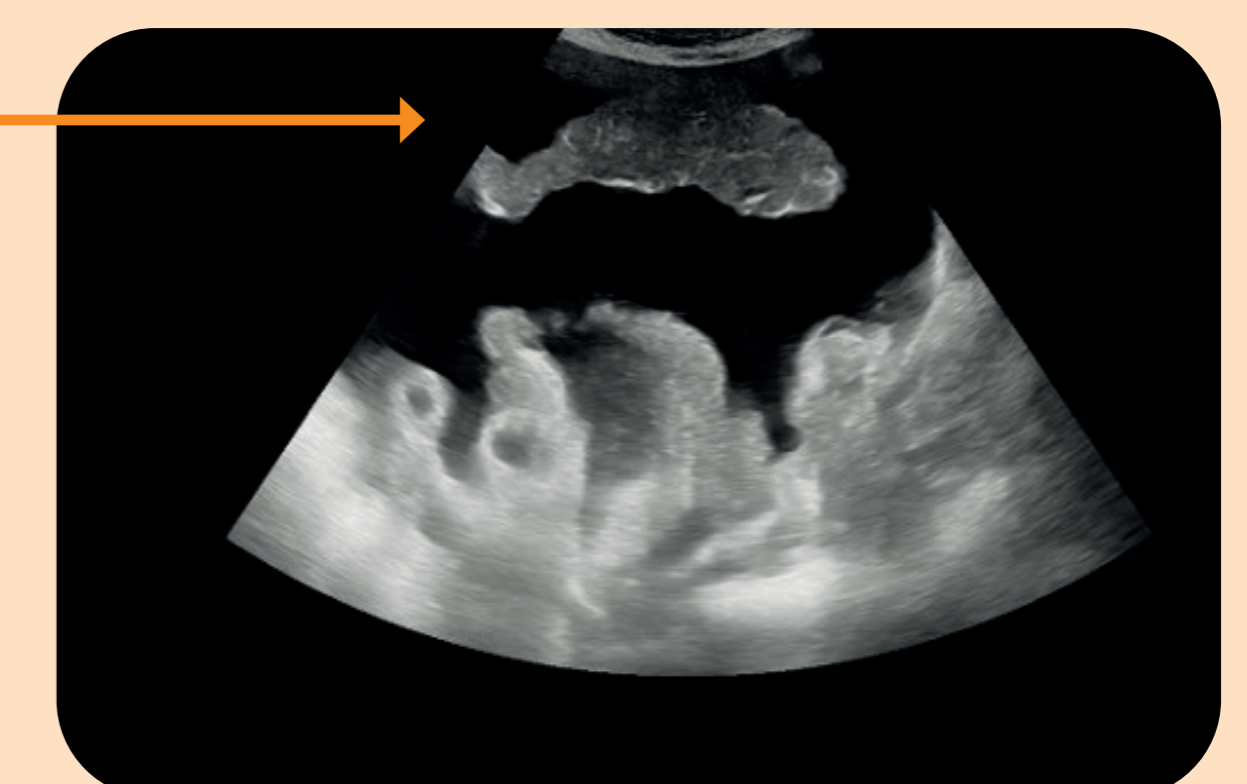
Exudate ascites is associated with certain types of cancer and has a 'cloudier' appearance on ultrasound, as shown in the ultrasound image above.



PERITONEAL DISEASE

The use of ultrasound guidance for paracentesis ensures that incorrect needle placement into anterior abdominal peritoneal disease as shown on the left, or superficial bowel as shown on the right can be avoided. Superficial bowel can remain present despite the presence of moderate (as shown on the right) or even large volume ascites, and should be considered if paracentesis without ultrasound support is planned.

BOWEL



CONCLUSION

The availability of ultrasound allowed safe paracentesis in the hospice, with no adverse effects attributable to the procedure. The increase in paracentesis achieved during the first Covid pandemic lockdown of April - June 2020 contributed to timely patient care/protection of hospital beds.