

Information for patients about diagnostic or therapeutic paracentesis

Label

Information protocol submitted by:

Date:

Dear patient

Please read these documents immediately upon receiving them. Fill in the questionnaire, if possible date and sign the documents on the day before the examination. If you have any questions, please contact your doctor or specialist (gastroenterologist).

You have been advised to have a procedure known as a **diagnostic or therapeutic paracentesis**. Before the examination you'll receive the following:

- **an information leaflet**
- **a questionnaire**
- **informed consent form**

Information leaflet:

On the information leaflet you can find information about the course of the examination as well as its objectives and risks. Please read this leaflet carefully.

If you have further questions about the necessity and urgency of the examination, about alternatives or any risks posed by the examination, please contact your doctor. Most of these questions can be answered by the doctor who registered you for the examination. Specific questions about the examination's technical details or specific problems can be answered by the specialist (gastroenterologist) who will carry out the procedure, if necessary. If you wish to do so, we kindly ask you to contact us or the referring doctor in good time.

Questionnaire:

You are kindly asked to fill out the enclosed questionnaire in full to clarify the bleeding tendency and to answer the questions about medication, intolerances or allergies. If you are taking **anticoagulant medication** for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc.**, please discuss with your doctor in good time (at least 1 week before before the examination) the possibility of stopping the medication. Please bring the questionnaire with you to the examination. You are kindly asked to date and sign the questionnaire one day before the examination if possible. If you have any problems or there are ambiguities in answering the questions, please contact your doctor or us in good time.

Informed consent:

Please read the informed consent form through very carefully. Also date and sign it no later than the day before the examination.

The information leaflet is yours to keep.

The questionnaire and the informed consent will be kept by us in the medical files.

Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.

Information sheet about diagnostic or therapeutic paracentesis

Why is a diagnostic or therapeutic paracentesis carried out?

You have fluid (ascites) in the abdominal cavity. In order to find the cause (diagnostic) or to drain the fluid in large quantities (therapeutic), the accumulation of fluid should be punctured. The fluid obtained is examined for its components and for the presence of bacteria.

What preparations are necessary for a diagnostic or therapeutic paracentesis ?

Apart from determining blood coagulation parameters, no special preparations are necessary before a paracentesis.

Ability to drive/ ability to work?

As a rule you will be possibly given sedation and or pain medication before the examination. You should not drive after receiving this medication. Do not come with your own vehicle. Make sure that someone personally accompanies you. After these medications have been administered you are not capable of signing any documents for the next 12 hours. This means that during this time you should not conclude any contracts.

What happens during a diagnostic or therapeutic paracentesis?

For the procedure, an infusion is usually applied to the arm beforehand. With the help of ultrasound, the suitable site for the ascites puncture is determined. After disinfection and local anaesthesia of the skin and muscles, a needle is inserted through the abdominal skin into the ascites until the fluid can be aspirated. The prick lasts only a few seconds. In case of a therapeutic puncture, a cannula is left in the accumulation of fluid, through which the ascites can drain during the next few hours. After the needle or cannula has been withdrawn, a patch is applied to the puncture site, thus ending the intervention.

What are the risks associated with diagnostic or therapeutic paracentesis?

Complications due to a diagnostic or therapeutic paracentesis is low-risk. However, despite the greatest care being taken, complications can occur, which can be life-threatening in exceptional cases. To be mentioned: local skin or muscle haematomas (<5%) or bleeding in the ascites (< 0.5%), local skin infections (< 0.5%), injuries to internal organs (< 0.2%). These complications may require hospitalization and very rarely surgery (0.2‰). Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function

What about after the examination?

At the end of the procedure you may go home or return to the ward again. If a large amount of fluid has been drained (> 2 litres), you will be given an albumin infusion as a protein/liquid substitute. If you feel dizzy or have circulatory problems, sit down and drink something. If the symptoms do not improve inform your doctor immediately or go to a hospital emergency department.

Questions about the examination?

If you have any further questions about the planned examination, please contact your GP. If you are still unclear, contact the specialist (gastroenterologist) who is carrying out your examination.

You can contact the following doctors if you have any questions or problems:

General practitioner		Tel:
Gastroenterology		Tel:

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Questionnaire

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Questions to clarify bleeding tendency:

yes no

1. Do you have heavy nosebleeds for no apparent reason?		
2. Do your gums bleed for no apparent reason (brushing your teeth)?		
3. Do you have „ bruises “ (Haematomas) or small bleeds under the skin without obvious injuries?		
4. Do you have the impression that you bleed longer after minor injuries (e.g. when shaving)?		
5. Women: do you have the impression that you have prolonged menstrual bleeding (>7 days) or that you must change tampons or sanitary towels very frequently?		
6. Have you had prolonged or heavy bleeding during or after dental treatment ?		
7. Have you had prolonged or heavy bleeding during or after surgery (e.g. tonsillectomy, appendectomy, birth)?		
8. Have you received any blood or blood products during surgery?		
9. Does anyone in your family (Parents, siblings, children, grandchildren, uncles, aunts) have a disease with increased bleeding tendency ?		

Questions about medication, allergies, concomitant disease:

1. Are you taking anticoagulants for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or have you been taking Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. or flu medication, pain killers or rheumatism medication in the last 7 days? If 'yes', what exactly?		
2. Do you have an allergy/ hypersensitivity reaction (to medications, latex, local anaesthetics, sticking plasters)? If 'yes', which ones?		
3. Do you suffer from a heart valve defect, heart or lung disease ? Do you have an ID card for endocarditis-prophylaxis ?		
4. Do you have a heart pacemaker / defibrillator or a metal implant ?		
5. Are you aware of a renal dysfunction (renal insufficiency) ?		
6. Are you diabetic ?		
7. Women: are you pregnant or is there a possibility that you could be pregnant?		
8. Do you have any loose teeth, dentures or a dental disease ?		

I, the undersigned, have completed the questionnaire to the best of my knowledge.

Place, date

Patient's name

Patient's signature

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Informed consent

about diagnostic or therapeutic paracentesis

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Information protocol submitted by:

Date:

I, the undersigned, have read the information sheet.

I have been informed by the doctor of the reason (Indication) for the diagnostic or therapeutic paracentesis. I understand the nature, procedure and risks of a diagnostic or therapeutic paracentesis. My questions have been answered to my satisfaction.

(Check the appropriate box)

I agree to having a diagnostic or therapeutic paracentesis

yes	no
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I agree to a sedative and/or pain relief being administered during the examination

yes	no
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Patient's name

Doctor's name

Place, date

Patient's signature

Place, date

Doctor's signature

For patients who cannot give consent themselves:

Legal representative
or proxy

Doctor's name

Place, date

Representative's name

Place, date

Doctor's signature

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