

Thoracocentesis and paracentesis – what do you do?

May – July 2013

Number of responses = 115

1) Approximately how many patients with cancer-related pleural effusion have thoracocentesis undertaken by your specialist palliative care service per year? (one_of)

answer	votes	% of vote
None	51	46%
1-10	44	40%
11-25	10	9%
26-50	8	7%
More than 50	2	2%

2) Where are the majority of the thoracocentesis procedures undertaken? (one_of)

answer	votes	% of vote
Hospice day care/outpatients	15	14%
Hospice inpatient unit	20	18%
Do not undertake this procedure	52	47%
Other (please state below in further comments)	27	25%

3) Generally, how are the thoracocentesis procedures undertaken? (one_of)

answer	votes	% of vote
Hospice has its own ultrasound scanner to guide insertion of the drain	7	6%
Hospice inserts drain without the use of an ultrasound scanner	12	11%
Local hospital radiology department marks the site of insertion and hospice staff insert the drain	13	12%
Do not undertake this procedure	56	51%
Other (please state below in further comments)	26	24%

4) Approximately how many patients with cancer-related ascites have paracentesis undertaken by your specialist palliative care service per year? (one_of)

answer	votes	% of vote
None	13	12%
1-10	42	38%
11-25	44	40%
26-50	10	9%
more than 50	6	5%

5) Where are the majority of the paracentesis procedures undertaken? (one_of)

answer	votes	% of vote
Hospice day care/outpatients	23	21%
Hospice inpatient unit	55	50%
Do not undertake this procedure	14	13%
Other (please state below in further comments)	23	21%

6) Generally, how are the paracentesis procedures undertaken?

(one_of)

answer	votes	% of vote
Hospice has its own ultrasound scanner to direct insertion of the drain	16	15%
Hospice inserts drain without the use of an ultrasound scanner	34	31%
Local hospital radiology department marks the site of insertion and hospice staff insert the drain	29	26%
Do not undertake this procedure	16	15%
Other (please state below in further comments)	20	18%

7) Further comments.

(freetext)

We are situated within the grounds of a hospital; both procedures are carried out by interventional radiologists in the radiology department.
Q1-3 In Tayside all pleural aspirations / drain insertions for SPC are done by the respiratory team.
Currently work in hospital palliative care services with little time in true hospice. Accordingly drain is inserted by hospital staff usually with ultrasound guidance.
Our paracentesis and thoracocentesis drains are placed by radiology dept. They then come to us in the community where we are given parameters by MD to drain excess fluid on a PRN basis for comfort of the patient.
Nearly half and half with ultrasound scanner guided and without.
Respiratory team, or radiology team do thoracocentesis.
Patients with recurrent malignant ascites will frequently have peritoneal PleurX catheter inserted to allow for home drainage as required by community nurses.
Have trained and we are in the process of getting an ultrasound scanner with a view to starting to offer paracentesis again (having not done blind procedures for several years).
We undertake thoracocentesis and paracentesis at home without ultrasound scanner.
Specialist inpatient unit on hospital site. Respiratory team so far have done any thoracocentesis with their own scanner for us. We do scan and do our own paracentesis.
We are close to a local hospital and these procedures are carried out there. In the past we have done them within the hospice but with new guidelines we no longer do this.
Paracentesis procedures can be undertaken at hospital requested by palliative section and inserted under radiological supervision.
We perform thoracocentesis and paracentesis most of the time at home of the patient.
Two staff are undertaking training later this year (FASP) and hope to purchase an ultrasound scanner in due course.
In our service almost all drains are inserted in our radiology dept.
Ultrasound guidance is taken only with the pleural effusion/ ascites is loculated or with dry taps. Otherwise thoracocentesis/ paracentesis is done in the outpatient setting without guidance.
Getting more and more to do.
Thoracocentesis if needed if usually completed by transfer to nearby larger hospital and having procedure completed by respiratory physician. This would only occur a few times a year (<5).
Just got own ultrasound scanner but not yet proficient in its use so still use hospital ultrasound scanner and then recheck with own scanner.
Usually surgeons undertake thoracocentesis in the emergency department or in the ward.
Hospital radiologists perform these procedures for us.
Excellent service delivered by specialist hospitals therefore no pleural taps / drains performed on site however we do uncomplicated paracentesis, often radiology department will put drains in and then send them back for us to manage.
Unfortunately the Medicolegal basis for practice has reduced the ability for these procedures to be undertaken as frequently as previously. This has a knock-on effect for training in terms of skills expected of trainees and specialists.
Procedures are done by the hospital radiology department under ultrasound guidance.

Patients for thoracocentesis are referred to respiratory team (the service is located in a tertiary hospital), who perform the procedure with ultrasound guidance.
I don't do the procedure. Most of our children have this kind of procedures during their hospital admissions, we don't have a hospice. One of my colleagues used to do it in the outpatient hospice care we have.
Thoracocentesis is done under ultrasound guidance at hospital by respiratory team. Paracentesis done under ultrasound guidance at hospital by radiologists.
Paracentesis drains are also inserted without the use of ULTRASOUND if appropriate.
ad 5) as we are mobile hospice facility we provide paracentesis at patient's home.
We have a small ultrasound machine which helps direct paracentesis but we also do paracentesis unaided.
Local radiology unit does ultrasound guided drainage.
In 12 months of palliative training there has only been the opportunity to perform paracentesis once. We just haven't seen the patients. I have been based on the inpatient unit of 2 hospices.
We usually perform paracentesis in the oncology day hospital.
Thoracocentesis undertaken in hospital.
Paracentesis/thoracocentesis not done on site.
We routinely do paracentesis for our home hospice patients, in the comfort of their own home.
The procedures take place at a palliative care inpatient unit. The unit has its own ultrasound scanner to direct insertion both for thoracocentesis and paracentesis.
Both our thoracocentesis and paracentesis are performed in hospital. We are using PleureX catheters more in the community which cuts down on hospital visits for our palliative population.
Thoracocentesis is performed by radiologist or lung physician by ultrasound guidance.
Procedure is done in hospital where drain is inserted under ULTRASOUND assistance. Then managed in whatever setting appropriate for the patient.
5. Paracentesis procedures are undertaken at the patient's home. 6. I don't use any ultrasound scanner neither marks by the radiology department.
For paracentesis either patients have ultrasound mark by local radiology dept. or if have had ultrasound before and clinically large volume ascites drain is inserted by hospice staff without image guidance.
1. Thoracocentesis only in exceptional circumstances, 1-2/year. Normally transferred to hospital. 2. Paracentesis more frequent, approx. 2/month.
All thoracocentesis and paracentesis procedures are undertaken by the radiologists in the hospital radiology department under ultrasound guidance when required; none are undertaken on the hospice unit.
Other : inpatient in oncology hospital.
Ultrasound used if multiple abdominal masses or any question as to whether ascites present or not.