Peritoneal Portacath for Ascites Drainage

Draft 5

Expected Outcome

Abdominal ascitic fluid is drained in accordance with treatment plan.
Client comfort is maintained throughout procedure, and enhanced following procedure.
Client remains free from adverse complications, including infection, haematoma, hypovolaemia or peritonitis

Policy Statement

Ascitic drainage via peritoneal portacath will only be performed by a registered nurse or medical officer who has demonstrated competence in the management of implantable ports, or by a registered nurse or medical officer under the direct supervision of such a person.

No medication will be administered through the portacath, apart from normal saline for priming prior to the procedure, and heparinized saline for locking the port on completion of drainage.

Peritoneal ports must be heparin locked after use to prevent the drainage holes in the catheter becoming blocked with protein strands.[4] Written medical authority must be obtained for heparin lock procedure.

Aseptic technique must be maintained while accessing and deaccessing the port, and connecting drainage equipment.

Personal protective equipment including impervious gown or plastic apron, sterile gloves and eye protection must be worn.

If client is receiving chemotherapy, *Safe Handling of Cytotoxic Drugs and Associated Waste* policy will apply.

Drainage will not exceed 5 litres in 24hrs.[1]

Equipment

Accessing the port

Non-coring 19G or 20G GRIPPER PLUS™ safety needle with extension tubing
10ml luer lock syringe
Drawing up needle
10 ml ampoule 0.9% sodium chloride
Dressing pack
Extra gauze squares
Chlorhexidine 0.5% in alcohol 70% solution
Large transparent occlusive dressing
Sharps container
Paracentesis bag with 3-way tap
50ml luer lock syringe
Sterile gloves
Plastic apron or impervious gown
Eye protection

De-accessing the port

Dressing pack
Chlorhexidine 0.5% in alcohol 70% solution
20 ml luer lock syringe
Drawing up needle
Blunt plastic cannula
4 ampoules heparinized saline 50units/5mls
Sharps container
Sterile gloves
Plastic apron or impervious gown
Eye protection

Process

Document baseline observations T, P & BP
Assist client into supine position
Observe abdomen and groin area for swelling, bruising or inflammation.
Notify medical officer of any abnormal findings.
Palpate area of port insertion
Wash hands
Open dressing pack
Place sterile equipment onto sterile field
Place opened ampoule of 0.9% sodium chloride under sterile area
Wash hands
Put on sterile gloves
Using aseptic technique, draw up 10mls 0.9% sodium chloride
Prime extension tubing and needle, and close clamp
Soak gauze squares in chlorhexidine solution
Beginning in the centre, clean abdominal port site 3 times using a circular motion, to a radius of approximately 7.5cms
Allow solution to dry.
Palpate portal septum and insert needle firmly at a 90° angle through the skin into the portal septum until it touches the base of the portal chamber.
Secure needle with transparent occlusive dressing.
Connect extension tubing to peritoneal drainage bag, ensuring 3-way tap is correctly positioned to allow drainage.
Unclamp extension set. If drainage does not commence, attach 50ml luer lock syringe to 3-way tap and use small push-pull motion to stimulate commencement of drainage.

At conclusion of drainage

Wash hands
Open dressing pack
Open 4 ampoules of heparinized saline and place under sterile field
Place syringe, drawing up needle and blunt plastic cannula onto sterile field
Wash hands and put on sterile gloves
Draw up 20mls heparinized saline
Clamp extension tubing
Clean injection site cap with chlorhexidine solution
Attach syringe with heparinized saline
Unclamp extension tubing and instil heparinized saline, clamping tubing as last ml is being instilled
From back of GRIPPER PLUS™, place fingers on each side of base; lift the safety arm straight back to the lock position **until it clicks**.

Dispose of used needle into sharps container
Cover site with occlusive island dressing
Document amount, colour and consistency of drainage
Check and document P & BP at conclusion of procedure
Advise carer to seek medical advice if client becomes unwell.

References

1. McNamara, P. 2000 *Paracentesis – an effective method of symptom control in the palliative care setting?* Palliative Medicine 14:62-64

2. Sabatelli, F.W., Glassman, M.L., Kerns, S.R. & Hawkins Jnr, I.F. 1994 *Permanent Indwelling Peritoneal Access Device for the Management of Malignant Ascites.* Cardiovascular Interventional Radiology. 17:292-294

3. Smith, E.M. & Jayson, G.C. 2002 *The Current and Future Management of Malignant Ascites.* Clinical Oncology 15:59-72

4. Westmead Hospital and Community Health Services, Nursing Practice Manual, September 2004, *Peritoneal Portacath for Ascites Drainage.*

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