



**Service Priorities and Programmes**  
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**Alternative care pathway for patients with recurrent ascites - interval ambulatory abdominal paracentesis**

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**Introduction**

Abdominal paracentesis (AP) provides diagnostic information and symptom relief for patient with ascites. In the traditional setting, these patients need to attend emergency department (AED) and be admitted to medical unit for paracentesis. United Ambulatory Care Centre (UACC) of the Department of Medicine and Geriatrics (M&G) provides AP to patients with ascites on a day-case basis. For patients with recurrent ascites, interval paracentesis can be arranged during in-patient stay or clinic follow-up. To minimize AED attendance, a telephone hotline is available to allow patients to re-schedule their appointment when there is a change in their clinical condition.

**Objectives**

1.To compare AP performed in in-patient versus ambulatory setting. 2.To evaluate patient satisfaction with ambulatory AP.

**Methodology**

Admission data for patients undergoing AP in M&G from January to December 2013 were retrieved and analyzed. Patients satisfaction survey (5-points scale with 5 indicating highly agree and 1 indicating totally disagree) was conducted by telephone interview.

**Result**

During the study period, there were 302 patient episodes admitted to M&G for AP. Thirty-six percent (111) were emergency admissions with a median length of stay of 5 days (range 2-113 days). Sixty-three percent (191) were clinical admissions to UACC with same day discharge. For patients who received AP at UACC, there was only one subsequent AED attendance due to oozing from the drain site. There were 54 patients receiving regular AP at UACC, 44 patients (83%) had less than 3 AP during the study period, 6 patients (11%) underwent 3-10 AP and 4 patients (7%) received 10 or more AP.. At the time of survey, 25 patients were already deceased due to their underlying diseases. We conducted the satisfactory survey for the all available patients with a 50% (15) response rate. Patients were highly satisfied [mean satisfaction score (MSC 4.8)] with ease of booking and duration of admission procedure. They were satisfied

with telephone booking hotline (MSC 4.6) and the symptomatic relief (MSC 4.6) from a single session of AP. Patients were also satisfied (MSC 4.7) with the overall care provided by the medical and nursing staffs in UACC and wished (MSC 4.7) to continue treatment in UACC. Conclusions: Ambulatory abdominal paracentesis provides a safe and efficient alternative to manage patients with recurrent ascites with high patient satisfaction.