Dear patient

You have had a long-term abdominal drain inserted. In case you require out of hours medical attention please provide this written information to the community and or hospital teams

If a patient with cirrhosis and a long-term abdominal drain in situ is

- Hospitalised due to a non-ascites related issues, continue drainage via the long-term abdominal drain as was being done in the community. Do not take routine ascitic fluid samples from the long-term abdominal drain and or do a routine diagnostic ascitic tap, unless clinical suspicion for peritonitis.

- Admitted for supplementary large volume paracentesis in hospital, this can be done via the long-term abdominal drain (using specific adaptors). Administer human albumin solution as per large volume paracentesis protocol. Do not take routine ascitic fluid samples from the long-term abdominal drain and or do a routine diagnostic ascitic tap, unless suspicion for peritonitis

- Admitted with suspected peritonitis/sepsis, please take a sample of ascitic fluid **both** from the long-term abdominal drain as well via a separate diagnostic ascitic tap and send for analysis. Commence antibiotics as per local spontaneous bacterial peritonitis protocols. Development of peritonitis does not always mandate removal of the long-term abdominal drain. This must be decided on a case-by-case basis after discussion amongst the medical, hepatology and microbiology teams.

- Admitted with leakage of ascitic fluid/cellulitis, drain the ascites to dryness via the LTAD using human albumin solution as per large volume paracentesis protocol and then continue drainage as was being done in the community. Commence a 5 day course for antibiotics for cellulitis if clinically needed. In almost all cases leakage/cellulitis will resolve. An additional suture may be needed. In very rare instances the long-term abdominal drain may need to be removed and can be reinserted at a later date.

- Admitted with a blocked drain, please contact the named Gastroenterology/Hepatology team as the long-term abdominal drain will need to be removed by interventional radiology