A positive drain on the system

Nurse-led paracentesis has improved outcomes at Europe’s largest cancer centre, writes Jackie Cosh

When a nurse-led paracentesis service was piloted at the Christie Hospital in Manchester five years ago, it soon became clear that this was the future.

In the first year, 78 per cent of patients were treated on a day case basis instead of spending five-and-a-half days in hospital, and bed occupancy fell by 1,300 days.

Five years on and The Christie NHS Foundation Trust now has five nurses trained in ultrasound-guided paracentesis, a procedure to remove excess fluid from the abdominal cavity.

The Christie is the largest cancer centre in Europe, treating 40,000 patients a year. In 2007, when oncology nurses began to look at the paracentesis service, they found that patients were experiencing a lengthy, fragmented process. The nursing team that set up the pilot study hoped it would provide evidence to justify a nurse-led day case service.

‘There is now no delay in patients coming into us because we can usually offer a drain within a couple of days of referral,’ says procedure team manager Steve Hill, who played a leading role in setting up the service.

Patients now have quicker access to treatment, and have more choice about when they come back.

‘That is sometimes tricky at the early stages because they do not know when the right time is,’ says Mr Hill. ‘So we do fairly basic things such as measuring the abdominal girth of the patient and their pre-drainage weight. We give them those figures and say: “Look, when you are getting up to around this weight or girth, then it is perhaps time to think about giving us a ring and booking in with us”.’

Patients are also encouraged to get in touch with the day case procedure team if they become symptomatic or uncomfortable before their return appointment.

Preferred treatment

In a patient satisfaction survey 100 per cent of respondents declared they were happy with the nurse-led service and it was the preferred option by all patients questioned who had previously undergone paracentesis elsewhere.

‘It is difficult to see a negative to it,’ says Mr Hill. ‘We have not seen any significant complications like perforations, abdominal organ damage or haemorrhages, which is a testament to the team – and to the training by radiologists.

‘We also provide a vascular access service and are evaluating catheter tip location systems, including the VasaNova, which is the first European test of the system. The next port of call for the procedures team will be to provide a chest drain service’

Compared with the old medically led model, the new service saves the trust £250,000 a year.

Steve Hill: ‘No delay in patients coming into us’

Established in pilot form five years ago, an innovative nurse-led paracentesis service at the Christie Hospital in Manchester has reduced waiting times, improved patient satisfaction, and saved the trust £250,000 a year.

Author

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