Introduction Ascites is a leading cause of hospital admission in patients with cirrhosis, with up to a third developing refractory ascites (RA). RA has a median transplant free survival of 6 months, yet palliation remains sub-optimal and practice varies widely. Long-term ascitic drains (LTAD) are standard of care in malignant ascites but there is a paucity of data to support use in advanced cirrhosis. Our aim was to establish current views and practices of gastroenterologists and hepatologists towards LTAD as a palliative intervention in advanced cirrhosis.

Methods An electronic survey of 10 questions was designed by a focus group of four hepatologists with a special interest in palliative management of advanced cirrhosis. The survey included seven questions with fixed quantitative options and three exploratory questions with free text space. The survey was logged on survey monkey and distributed electronically by a focus group of four hepatologists with a special interest in palliative management of advanced cirrhosis. Our aim was to establish current views and practices of gastroenterologists and hepatologists towards LTAD as a palliative intervention in advanced cirrhosis.

Results The survey was completed by 210 respondents over four and eight weeks. Fifty-six percent of those with experience reported clinical satisfaction (90%), followed by community management of infection risk. Additional concerns identified were: lack of training, funding concerns and absence of clear guidelines on community management of LTAD. Our survey highlights the need for a robustly designed randomised controlled trial to assess palliative interventions for the management of RA in advanced cirrhosis.

Conclusions This national survey of clinicians managing RA in the setting of advanced cirrhosis shows that the majority would be willing to consider LTAD, the main deterrent being infection risk. Additional concerns identified were: lack of training, funding concerns and absence of clear guidelines on community management of LTAD. Our survey highlights the need for a robustly designed randomised controlled trial to assess palliative interventions for the management of RA in advanced cirrhosis.

REFERENCE