



Department
of Health

Philip Dunne MP
Minister of State for Health

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5 SEP 2016

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Mr Tweddle
Senior Coroner
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31 AUG 2016

Dear Mr Tweddle

Thank you for your letter of 15 July 2016, following the inquest into the death of James Kane. I am responding as the Minister with responsibility for hospital care at the Department of Health.

I was sorry to hear of Mr Kane's death. Please extend my condolences to his family and loved ones.

Your report explained that Mr Kane was admitted to hospital with gross ascites (build-up of fluid) which was secondary to his advanced liver disease. On the 2 January 2016 he had a drain inserted to remove the fluid. This procedure (paracentesis) was carried out without a prior ultrasound scan.

You explained that Mr Kane suffered an injury to the bowel, which is a recognised but rare medical complication associated with paracentesis. You asked that we consider whether insertion of a drain should always be preceded by an ultrasound scan.

I have consulted the National Institute for Health and Care Clinical Excellence (NICE) on this matter and have been advised that their recently published guidance - Cirrhosis in over 16s: assessment and management (NG50) - does not make any recommendations as to whether or not a scan should be taken prior to the insertion of a drain for ascites. This guidance can be found at <https://www.nice.org.uk/guidance/ng50>. The issue was not raised by stakeholders during the NICE consultation on the guideline scope, nor by the scoping team, and it was therefore not addressed during the development of the guideline.

NICE do not believe the guideline needs to be amended at this time. However, your concerns have been highlighted to the guideline surveillance team, for their information when the guideline is next considered for an update.

In addition, the Department of Health also consulted the Royal College of Radiologists on the general issue as to whether ultrasound scanning should always be performed immediately prior to drainage of abdominal ascitic fluid. They, in turn, sought advice from the following:

- British Society of Gastrointestinal and Abdominal Radiology,
- British Society of Gastroenterology, and
- British Society of Interventional Radiology.

The Royal College of Radiologists does not consider there is a case for the routine use of ultrasound prior to or during paracentesis. It is the College's view that paracentesis is a safe procedure when performed by trained, competent operators following established guidelines on the appropriate use of the procedure.

I note that your report states that there is no support locally for a change in hospital policy or guidance and this view appears to be supported by the advice I have been given.

I hope that this reply is helpful and I am grateful to you for bringing the circumstances of Mr Kane's death to my attention.

Yours sincerely
Philip Dunne

PHILIP DUNNE