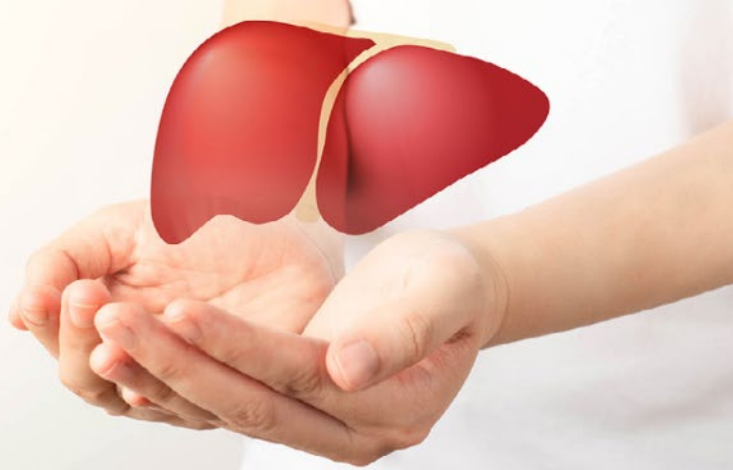


**2**  
REDUCe

**NEWSLETTER ISSUE  
#14 – July 2025**



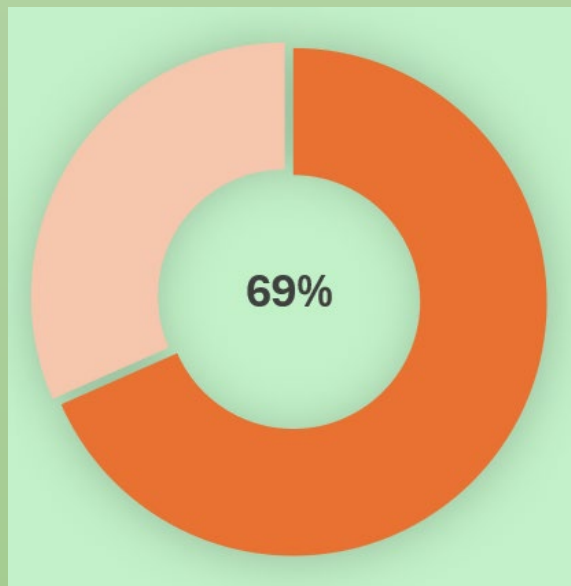
## REDUCe2

**Palliative Long-term Abdominal Drains Versus Repeated Drainage in Untreatable Ascites Due to Advanced Cirrhosis: A Randomised Controlled Trial**

### **RECRUITMENT UPDATE (31<sup>st</sup> July 2025)**

July was the best month so far with 13 patients randomised!!

**212 Participants Randomised**



**98  
Patients  
to Go!!**

**11 months of recruitment left  
Goal: 9 patients per month  
We can do it!!!**



## SITE NEWS May, June & July





## NEWS



The BASL Palliative Hepatology SIG meeting at Austin Court will be in Birmingham 11th December 2025. This will be a hybrid event. Please save the date in your diary and sign up here....

<https://www.basl.org.uk/index.cfm/events/list/cid/16>

An article about one of the REDUCe2 study participants was published in **Stories** on the NIHR website on 7<sup>th</sup> July 2025  
Read more here:

**NIHR** | National Institute  
for Health Research

[Taking part in liver disease research: Alan's story | NIHR RDN](#)

What a great advert for the trial!!



Winners of the  
prize draw for sites  
randomising  
patient numbers  
196 -200 were  
Southampton!!

Hope you enjoyed  
your hamper.

Team from left to right: Samiria, Andreia, Mirjulla, Dr Helen Stone, Dr Mark Wright, Donna, Sofia, Susan and Lijamol



## Meet the Team.....

### South West Central RDN Agile Team

As an agile team we are supporting North Bristol Trust and Gloucestershire Hospital Trust with patients in the community for fortnightly follow up visits over a three-month period. We complete all the study procedures required in the participants' home. Our capacity has changed recently due to staffing changes and the RRDN is working through a transition process that should result in the Agile Team becoming larger and more robust. We are currently exploring the addition of a Clinical Research Practitioner to help with the visits.



Left to right  
Sharon Burge (Senior Research Nurse)  
Rebecca Eadie (Research nurse)

Our capacity has changed recently due to staffing changes and the RRDN is working through a transition process that should result in the Agile Team becoming larger and more robust. We are currently exploring the addition of a Clinical Research Practitioner to help with the visits. The study would have been difficult to run at the named participating sites without the support of the Agile Team. Due to time, transport and other logistical constraints, the secondary care research teams did not have the ability to complete follow-up visits in the community. Since study recruitment started in Autumn 2022, the Agile Team has followed-up over ten patients across the region. These visits have been challenging but also incredibly rewarding. It is a privilege to be allowed to support palliative care patients and their families in the final stage of their disease but can also be upsetting when the end of life comes.

continued.....





## Meet the Team..... continued

The Agile Team has scheduled regular meetings with all those involved in the study delivery to ensure study and participant information is readily available thereby enabling recruitment and visits to run smoothly. The hospital teams are fantastic at considering our capacity to support with new patients and this is discussed frequently before randomising future patients. We periodically work closely with the community-based nurses who see LTAD patients up to three times a week during the study period and are responsible for their on-going care at the end of the study. This relationship not only supports a good transition following the end of the study but also enables concerns about aspects of their care being raised, for example dressing requirements or safeguarding concerns.

One of the notable challenges faced has been some of the patients and their families' inability to accept the palliative nature of their illness. Being less experienced with this patient group, it has been useful to discuss the approach taken with other healthcare professionals involved in their care. This ensures consistency and that they are in contact with the right palliative care services.

Patients in the LTAD arm have said they have appreciated the ability to stay at home towards the end of life surrounded by their home comforts including pets, families and friends. In some cases, the previously frequent visits to the hospital have reduced often lengthy time travel to and from hospital and relieved logistical planning for loved ones. Furthermore, carers have received training to safely support drainage in the community for their loved one allowing for extended breaks away. Many have valued the additional visits by the Agile team and the relationship that develops. The Agile team have reflected on the importance of creating good working relationships between the research and clinical staff, and developing an environment where research is seen as integral to patient care and not an additional burden on the overstretched clinical staff.



## Meet the Team.....

### Nottingham University Hospitals NHS Foundation Trust (Queens Medical Centre)

**Dr Peter Eddowes (PI)** - This study has been a great opportunity to answer an important question in this often-neglected patient group. The nature of advanced liver disease has made this challenging at times, but we have tried to work as flexibly as possible to meet these challenges. The study team in Brighton have been very supportive of me as a relatively inexperienced PI



Left to right: Nicola, Elise, Bev & Sophie (Elise & Sophie are both Clinical Research Practitioners; Nicola & Bev are part of the Nottingham Paracentesis team)

**The research team:** For us as the research team (Elise and Sophie), this has undoubtedly been the hardest study we have ever worked on, not due to anything else except for the sadness that comes from losing our patients. Whilst this is sadly the nature of this cohort, the emotional attachment you make with these individuals, especially through entering their home and getting to know them in their own environment (and inevitably their wider family/support system), losing them after this has been tough emotionally. This is likely heightened for us, never having done anything like this before;

but we have really enjoyed getting deeper knowledge around this area, and what is right for their quality of life, and pride ourselves on trying to make a difficult time as comfortable as possible. We have a great PI who is always around for support and to answer any questions and we work well as a team.

continued.....



## Meet the Team..... continued

Alison and the wider team are always amazing at getting back to us promptly to answer any questions or help with problems we may have. We also could not run this study without the help from the local paracentesis team, who we liaise with very frequently regarding potential participants, appointments, and even down to details about the patients and their current health.

### **Patient feedback:**

Caregiver of one of our participants: 'Thanked us kindly for how we had handled him and his wife in her final days, and he was grateful she was involved in this study at such a sad time, he knew she was happy she was still making a difference by being involved in research despite their circumstances'. Caregiver volunteers within the hospital and so we have seen him on numerous occasions, every time he is so thankful for the work we did and mentions the study. At the time of his wife's passing, they donated money to The Nottingham University Hospitals Trust, in memoriam of the care she had received from the hospital as a whole.

Patient feedback with LTAD: 'It is so much better being able to stay at home and be drained multiple times a week, it has improved my quality of life because I struggled attending for my drain appointments and having to wait all day for transport, attending would take it out of me for days afterwards'. Patient felt his appetite had increased since being fitted with the LTAD and he felt perkier because of this. Felt energy he did have, could be preserved for use at home, and not attending the hospital.

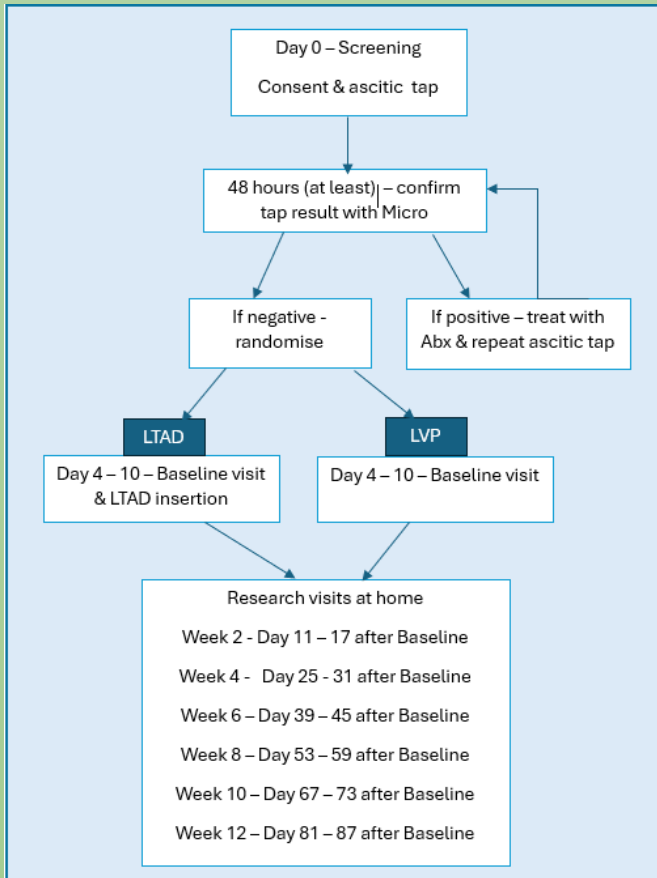
Patient feedback with LVP: 'I enjoy coming in for my drains and seeing the team, I bring them snacks and cake's each time and I am thoroughly looked after while I am here. I have got to know them very well and I know I am in good hands.' Patient has preferred the frequent attendance to hospital and not having to think about it in between.



## Top Tips & FAQs

There's a comprehensive FAQ section on our website -

<https://www.reduce2.co.uk>



### Timings of the Ascitic Tap.....

Taps ideally should be taken at the screening visit. Remember to request a protein measurement.

The ascitic tap result should be confirmed after 48 hours (at least) with Micro and if **negative** then the patient can be randomised.

The Baseline visit date should be calculated from **date of the ascitic tap** (not when the result was confirmed).

### Fortnightly research visits (Weeks 2 to 12)

These should be performed at the patient's normal place of **residence in both groups**. The exception being if the LVP coincides with the visit – in which case this can be done whilst the patient is in hospital.





## KEY CONTACTS

### General study queries & Sealed Envelope password resets:

Alison Porges (Trial Manager) [reduce2@bsms.ac.uk](mailto:reduce2@bsms.ac.uk)

Tel: 07721 860469

Dr Yaz Haddadin (Clinical Research Fellow): [yazan.haddadin@nhs.net](mailto:yazan.haddadin@nhs.net)

Tel: 07881 326775

### eCRF queries or password resets:

Gina Richards (Data Manager): [G.Richards@bsms.ac.uk](mailto:G.Richards@bsms.ac.uk)

Debbie Lambert (Database Manager): [D.Lambert@bsms.ac.uk](mailto:D.Lambert@bsms.ac.uk)

or general email [bsctudata@bsms.ac.uk](mailto:bsctudata@bsms.ac.uk)

### Database for SFLDQoL & CRRS Questionnaires & Interviews:

SHORE-C Team: [shorec-reduce2@sussex.ac.uk](mailto:shorec-reduce2@sussex.ac.uk)

Tel: 01273 873019

### Additional blood kits:

Dominika Wlazly: [dominika.wlazly@nhs.net](mailto:dominika.wlazly@nhs.net) or [uhsussex.crf.lab@nhs.net](mailto:uhsussex.crf.lab@nhs.net)

### Additional Rocket Medical LTAD Insertion Kits & Drainage Bags / Bottles:

Customer Services: [customerservices@RcoketMedical.com](mailto:customerservices@RcoketMedical.com)

### Additional BD (PeritX) LTAD Insertion Kits & Drainage Bottles:

Contact your local BD rep



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Website - <https://www.reduce2.co.uk>

**Next Newsletter will be October 2025**