Bijlage Zoekverantwoording

Onderzoeksvraag 1 (module Symptomatische behandeling van ascites)

Welke (niet-)medicamenteuze behandelingen zijn effectief bij patiënten in de palliatieve fase met ascites (door kanker of leveraandoening)?

PICO

P	Patiënten in de palliatieve fase met ascites (door kanker of leveraandoening)
I	Medicamenteus: diuretica, octreotide, albumine Niet medicamenteus: ontlastende ascitespunctie, drainage, zoutbeperkt dieet
C	Interventies onderling, andere behandeling, geen behandeling
O	Cruciaal: ascites-vrije periode, vermindering van ascites, bijwerkingen, tijd tot volgende interventie Belangrijk: kwaliteit van leven

Zoekstrategie

OVID Medline (R): 1946 to December 19, 2022

1 exp Ascites/ (17576)
2 exp Ascitic Fluid/ (13620)
3 (peritone* adj5 effusion*).mp. (1010)jn
4 (peritone* adj5 fluid).mp. (7344)
5 hydroperiton*.mp. (30)
6 ascites.mp. (45395)
7 ascitic fluid.mp. (15807)
8 1 or 2 or 3 or 4 or 5 or 6 or 7 (61766)
9 randomized controlled trial.pt. (582754)
10 controlled clinical trial.pt. (95117)
11 randomized.ab. (514285)
12 placebo.ab. (214689)
13 clinical trials as topic.sh. (200659)
14 randomly.ab. (338318)
15 trial.ti. (242839)
16 9 or 10 or 11 or 12 or 13 or 14 or 15 (1348093)
17 exp animals/ not humans.sh. (5075389)
18 16 not 17 (1228889)
19 meta-analysis.mp,pt. or review.pt. or search:.tw. (3174400)
20 18 or 19 (4189877)
21 8 and 20 (5875)
22 limit 21 to yr="2000 -Current" (3848)
23 Palliative Care/ (61832)
24 "Hospice and Palliative Care Nursing"/ (2114)
25 exp Palliative Medicine/ (499)
26 exp Terminal Care/ (56284)
27 Terminally Ill/ (6786)
28 palliat*.mp. (100323)
29 ((terminal* or advance*) adj6 (care or caring or ill* or sick* or stage*)).mp. (126635)
30 (terminal-stage* or (terminal adj1 stage*) or dying or (close adj6 death)).mp. (39978)
31 (end adj3 life).mp. (27659)
32 hospice*.mp. (19147)
33 ((end-stage* or (end adj1 stage*)) adj6 (disease* or ill* or care or caring)).mp. (55323)
34 ((incurable or advanced) adj6 (ill* or disease*)).mp. (58631)
35 (reduced adj1 life adj2 expectanc*).mp. (920)
36 or/23-35 (351301)
37 22 and 36 (505)
38 exp Diuretics/ (82987)
39 diuretic*.mp. (54253)

40 exp Octreotide/ (8134)
41 octreotide.mp. (10489)
42 exp Albumins/ (192364)
43 albumin*.mp. (204655)
44 punction*.mp. (664)
45 exp Paracentesis/ (12885)
46 paracent*.mp. (8766)
47 exp Drainage/ (64436)
48 drain*.mp. (146385)
49 Catheters, Indwelling/ (19512)
50 catheter$.mp. (306709)
51 exp Diet, Sodium-Restricted/ (6475)
52 ((salt or sodium) adj5 restrict*).mp. (9015)
53 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 (868803)
54 22 and 53 (1042)
55 37 or 54 (1394)

Ovid MEDLINE(R) Epub Ahead of Print <December 19, 2022>, Ovid MEDLINE(R) Daily Update <December 19, 2022>
1 exp Ascites/ (11)
2 exp Ascitic Fluid/ (4)
3 (peritone* adj5 effusion*).mp. (19)
4 (peritone* adj5 fluid).mp. (74)
5 hydroperiton*.mp. (0)
6 ascites.mp. (294)
7 ascitic fluid.mp. (19)
8 1 or 2 or 3 or 4 or 5 or 6 or 7 (369)
9 randomized controlled trial.pt. (1192)
10 controlled clinical trial.pt. (20)
11 randomized.ab. (10520)
12 placebo.ab. (2734)
13 clinical trials as topic.sh. (45)
14 randomly.ab. (5254)
15 trial.ti. (5311)
16 9 or 10 or 11 or 12 or 13 or 14 or 15 (17813)
17 exp animals/ not humans.sh. (5115)
18 16 not 17 (17631)
19 meta-analysis.mp,pt. or review.pt. or search:.tw. (64318)
20 18 or 19 (77963)
21 8 and 20 (78)
22 limit 21 to yr="2000 -Current" (77)
23 Palliative Care/ (119)
24 "Hospice and Palliative Care Nursing"/ (24)
25 exp Palliative Medicine/ (3)
26 exp Terminal Care/ (68)
27 Terminally Ill/ (1)
28 palliat*.mp. (2027)
29 ((terminal* or advance*) adj6 (care or caring or ill* or sick* or stage*)).mp. (2124)
30 (terminal-stage* or (terminal adj1 stage*) or dying or (close adj6 death)).mp. (764)
31 (end adj3 life).mp. (1075)
32 hospice*.mp. (493)
33 ((end-stage* or (end adj1 stage*)) adj6 (disease* or ill* or care or caring)).mp. (980)
34 ((incurable or advanced) adj6 (ill* or disease*)).mp. (1046)
35 (reduced adj1 life adj2 expectanc*).mp. (29)
36 or/23-35 (6330)
37 22 and 36 (9)
38 exp Diuretics/ (44)
39 diuretic*.mp. (379)

40 exp Octreotide/ (2)
41 octreotide.mp. (99)
42 exp Albumins/ (258)
43 albumin*.mp. (1768)
44 punction*.mp. (4)
45 exp Paracentesis/ (7)
46 paracent*.mp. (111)
47 exp Drainage/ (52)
48 drain*.mp. (2047)
49 Catheters, Indwelling/ (2)
50 catheter$.mp. (2792)
51 exp Diet, Sodium-Restricted/ (0)
52 ((salt or sodium) adj5 restrict*).mp. (37)
53 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 (7201)
54 22 and 53 (14)
55 37 or 54 (21)

Embase

#1.	ascites'/exp	62945
#2.	ascites fluid'/exp	10197
#3.	(peritone* NEAR/5 effusion*):ti,ab	1596
#4.	(peritone* NEAR/5 fluid):ti,ab	1076
#5.	hydroperiton*:ti,ab	57
#6.	ascites:ti,ab	65581
#7.	(ascitic NEAR/1 fluid):ti,ab	6400
#8.	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7	10482
#9.	palliative therapy'/exp	136213
#10.	terminal care'/exp	82723
#11.	terminally ill patient'/exp	9411
#12.	palliat*:ti,ab	141594
#13.	(terminal* NEAR/6 (care OR caring OR ill*)):ti,ab	1439
#14.	(end NEAR/3 life):ti,ab	44349
#15.	hospice*:ti,ab	25704
#16.	terminal stage*':ti,ab	4736
#17.	dying:ti,ab	51873
#18.	(close NEAR/6 death):ti,ab	1588
#19.	((incurable OR advanced) NEAR/6 (ill* OR disease*)):ti,ab	109335
#20.	#9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19	41049
#21.	#8 AND #20	4419
#22.	diuretic agent'/exp	455888
#23.	diuretic*:ti,ab	63849
#24.	octreotide:ti,ab	12812
#25.	octreotide'/exp	24499
#26.	albuminoid'/exp	305172
#27.	albumin*:ti,ab	246814
#28.	punction*:ti,ab	1341

#29.	paracentesis'/exp	9403
#30.	paracent*:ti,ab	12416
#31.	drain*:ti,ab	212859
#32.	drainage'/exp	2151
#33.	indwelling catheter'/exp	20587
#34.	catheter*:ti,ab	350789
#35.	sodium restriction'/exp	10976
#36.	((salt OR sodium) NEAR/5 restrict*):ti,ab	576
#37.	#22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36	1427819
#38.	#8 AND #37	23661
#39.	(#21 OR #38) AND ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim OR [randomized controlled trial]/lim) AND ([article]/lim OR [article in press]/lim OR [review]/lim) AND ([dutch]/lim OR [english]/lim) AND ([embase]/lim OR [pubmed-not-medline]/lim) AND [2000-2023]/py	541

Cochrane Library

#1	MeSH descriptor: [Ascites] explode all trees	464
#2	MeSH descriptor: [Ascitic Fluid] explode all trees	116
#3	(peritone* NEAR/5 effusion*):ti,ab	63
#4	(peritone* NEAR/5 fluid):ti,ab	374
#5	hydroperiton*:ti,ab	1
#6	ascites:ti,ab	2572
#7	(ascitic NEAR fluid):ti,ab	194
#8	{or #1-#7}	3112
#9	MeSH descriptor: [Palliative Care] explode all trees	1805
#10	MeSH descriptor: [Terminal Care] explode all trees	523
#11	MeSH descriptor: [Palliative Medicine] explode all trees	2
#12	MeSH descriptor: [Hospice and Palliative Care Nursing] explode all trees	47
#13	MeSH descriptor: [Terminally Ill] explode all trees	94
#14	palliat*:ti,ab	7608
#15	((terminal* or advance*) NEAR/6 (care or caring or ill* or sick* or stage*)):ti,ab	9215
#16	(terminal-stage* or (terminal NEAR/1 stage*) or dying or (close NEAR/6 death)):ti,ab	1596
#17	(end NEAR/3 life):ti,ab	2007
#18	hospice*:ti,ab	873
#19	((end-stage* or (end NEAR/1 stage*)) NEAR/6 (disease* or ill* or care or caring)):ti,ab	5628
#20	((incurable or advanced) NEAR/6 (ill* or disease*)):ti,ab	7559
#21	(reduced NEAR/1 life NEAR/2 expectanc*):ti,ab	112
#22	{or #9-#21}	29725
#23	#8 AND #22	319
#24	MeSH descriptor: [Diuretics] explode all trees	3286
#25	diuretic*:ti,ab	7797
#26	MeSH descriptor: [Octreotide] explode all trees	711
#27	octreotide:ti,ab	1439
#28	MeSH descriptor: [Albumins] explode all trees	8483
#29	albumin*:ti,ab	15888
#30	punction*:ti,ab	69
#31	MeSH descriptor: [Paracentesis] explode all trees	330
#32	paracent*:ti,ab	724
#33	MeSH descriptor: [Drainage] explode all trees	3062
#34	drain*:ti,ab	12736
#35	MeSH descriptor: [Catheters, Indwelling] explode all trees	1059
#36	catheter*:ti,ab	29286

#37 MeSH descriptor: [Diet, Sodium-Restricted] explode all trees 642
#38 ((salt or sodium) NEAR/5 restrict*):ti,ab 834
#39 {or #24-#38} 75846
#40 #8 AND #39 1152
#41 #23 OR #40 with Cochrane Library publication date Between Jan 2000 and Dec 2022 1167

Tabel 14. Resultaten van zoekactie van onderzoeksvraag 1

Database	**Aantal**
Medline	1394
PreMedline	21
Embase	541
CDSR	20
CENTRAL	1144
Totaal aantal resultaten	**3120**
Aantal geëxcludeerd (dubbelen en foute taal en jaartal)	806
Totaal aantal unieke resultaten	**2314**

Tabel 15. Overzicht van geëxcludeerde studies gebaseerd op beoordeling van de volledige tekst van onderzoeksvraag 1

Referentie	**Reden voor exclusie**
A randomized, multicenter study comparing the percutaneous intrahepatic portosystemic shunt and paracentesis with albumin in the treatment of refractory ascites. Gastroenterologia y hepatologia, 2001. 24, 92, a 12.	Geen full-text
Abou-Assi, S., et al. Nutritional and metabolic improvement in cirrhotic patients with refractory ascites randomized to transjugular intrahepatic portosystemic shunts (TIPS) or total paracentesis (TP). Hepatology (Baltimore, Md.), 2004. 40, 226a.	Abstract
Adebayo, D., et al. A randomized controlled trial comparing the alfapump© with paracentesis in patients with refractory ascites: clinical and pathophysiological effects on cardiac, haemodynamic, inflammatory, renal and nutritional parameters. Journal of hepatology, 2015. 62, S374-.	Abstract
Adebayo, D., et al. Alfapump® system versus large volume paracentesis in the treatment of refractory ascites; results from a multicenter randomised controlled study (RCT). Journal of hepatology, 2016. 64, S185-.	Abstract
Adebayo, D., et al. Alfapump® system versus large volume paracentesis in the treatment of refractory ascites. A multicenter randomised controlled study. Journal of hepatology, 2015. 62, S849-s850.	Abstract
Adebayo, D., et al. Alfapump® system vs. large volume paracentesis for refractory ascites: a multicenter randomized controlled study. Journal of hepatology, 2017. 67, 940-949 DOI: 10.1016/j.jhep.2017.06.010.	Dubbel
Aithal, G.P., et al., Guidelines on the management of ascites in cirrhosis. Gut, 2021. 70(1): p. 9-29.	Methodologie onvoldoende toegelicht
Albillos, A., et al., A meta-analysis of transjugular intrahepatic portosystemic shunt versus paracentesis for refractory ascites. Journal of Hepatology, 2005. 43(6): p. 990-6.	Interventie niet relevant voor PICO
Alessandria, C., et al. Low vs standard albumin dosages in the prevention of paracentesis induced circulatory dysfunction: a preliminary analysis. Journal of hepatology, 2008. 48, S109.	Abstract
Alessandria, C., et al. Low vs standard albumin dosages in the prevention of paracentesis induced circulatory dysfunction: a randomized pilot study. Journal of hepatology, 2005. 42, 75.	Abstract

Alessandria, C., et al., Prevention of paracentesis-induced circulatory dysfunction in cirrhosis: standard vs half albumin doses. A prospective, randomized, unblinded pilot study. Digestive & Liver Disease, 2011. 43(11): p. 881-6.	Vergelijking van dosissen
Angeli, P., et al. Sequential versus 'ab initio' combined diuretic treatment of moderate ascites in cirrhotic patients: preliminary results of a randomized controlled multicenter clinical study. Hepatology (Baltimore, Md.), 2005. 42, 402a.	Abstract
Appenrodt, B., et al. Midodrine versus albumin in the prevention of paracentesis induced circulatory dysfunction in patients with cirrhosis and tense ascites? A randomized study. Journal of hepatology, 2007. 46 (Suppl 1), S90.	Abstract
Appenrodt, B., et al., Prevention of paracentesis-induced circulatory dysfunction: midodrine vs albumin. A randomized pilot study. Liver International, 2008. 28(7): p. 1019-25.	Geen relevante uitkomsten
Arora, V., et al. Albumin decreases the incidence of paracentesis induced circulatory dysfunction with less than 5 litres of ascitic tap in acute on chronic liver failure (ACLF) patients: randomized controlled trial (NCT02467348). Journal of hepatology, 2018. 68, S42-s43.	Abstract
Arora, V., et al. Albumin is required to decrease the incidence of paracentesis induced circulatory dysfunction in patients with acute-on-chronic liver failure patients with <5 litres of ascitic tap: a randomized controlled trial (NCT02467348). Indian journal of gastroenterology, 2017. 36, A50-a51 DOI: 10.1007/s12664-017-0798-5.	Abstract
Arora, V., et al. Paracentesis induced circulatory dysfunction with modest paracentasis is reduced by albumin in acute-on-chronic liver failure: a randomized controlled trial (NCT02467348). Indian journal of gastroenterology, 2018. 37, A17- DOI: 10.1007/s12664-018-0911-4.	Abstract
Arora, V., et al., Paracentesis-Induced Circulatory Dysfunction With Modest-Volume Paracentesis Is Partly Ameliorated by Albumin Infusion in Acute-on-Chronic Liver Failure. Hepatology, 2020. 72(3): p. 1043-1055.	Geen relevante uitkomsten
Ashour, A.A., et al., Albumin administration in patients with decompensated liver cirrhosis: a meta-analytic update. European Journal of Gastroenterology & Hepatology, 2021. 33(4): p. 479-486.	Gaat niet primair over patiënten met ascites
Bai, Z., et al., Use of human albumin infusion in cirrhotic patients: a systematic review and meta-analysis of randomized controlled trials. Hepatology International, 2022. 16(6): p. 1468-1483.	Geen aparte resultaten over patiënten met ascites
Baik, S., et al. Hemodynamic changes after single large volume paracentesis (SLVP) in cirrhosis with tense ascites: focusing on the effect of albumin as a plasma expander. Korean journal of medicine, 2000. 58, 276-282.	Koreaans
Becker, G., D. Galandi, and H.E. Blum, Malignant ascites: systematic review and guideline for treatment. European Journal of Cancer, 2006. 42(5): p. 589-97.	Oudere richtlijn, geen RCT's gevonden
Becker, G., Medical and palliative management of malignant ascites. Cancer Treatment & Research, 2007. 134: p. 459-67.	Boek
Bernardi, M., et al., Albumin infusion in patients undergoing large-volume paracentesis: a meta-analysis of randomized trials. Hepatology, 2012. 55(4): p. 1172-81.	Geen kwaliteitsbeoordeling van de geïncludeerde studies
Bernardi, M., P. Caraceni, and R.J. Navickis, Does the evidence support a survival benefit of albumin infusion in patients with cirrhosis undergoing large-volume paracentesis? Expert review of gastroenterology & hepatology, 2017. 11(3): p. 191-192.	Editorial
Bureau, C., et al., Alfapump® system vs. large volume paracentesis for refractory ascites: A multicenter randomized controlled study. Journal of Hepatology, 2017. 67(5): p. 940-949.	Interventie niet relevant voor PICO

Campbell, M.S., et al., Quality of life in refractory ascites: transjugular intrahepatic portal-systemic shunting versus medical therapy. Hepatology, 2005. 42(3): p. 635-40.	Secundaire analysis, interventie geen deel van PICO
Caraceni, P., et al. Long-term albumin administration improves survival in patients with decompensated cirrhosis: final results of the “aNSWER” study. Journal of hepatology, 2017. 66, S93-.	Abstract
Cavazzoni, E., et al., Malignant ascites: pathophysiology and treatment. International Journal of Clinical Oncology, 2013. 18(1): p. 1-9.	Narrative review
Chen J-F et al. Comparison of intermittent drainage of ascites and diuretic therapy for cirrhosis patients with tense ascites. Cogent medicine, 2017. 4, DOI: 10.1080/2331205X.2017.1340818.	Geen RCT
Chen, C.-J. and H.-Y. Wang The effectiveness evaluation of lasix, albumin, and both used in liver disease patients with ascites. Pharmacoepidemiology and drug safety, 2014. 23, 261-262 DOI: 10.1002/pds.3701.	Abstract
China, L., et al., A Randomized Trial of Albumin Infusions in Hospitalized Patients with Cirrhosis. New England Journal of Medicine, 2021. 384(9): p. 808-817.	Uitkomsten uit PICO niet gerapporteerd
Choi, C., et al. Efficacy and safety of large volume paracentesis in cirrhotic patients with spontaneous bacterial peritonitis: a randomized prospective study. Taehan Kan Hakhoe chi [Korean journal of hepatology], 2002. 8, 52-60.	Koreaans
Christensen, L., L. Wildgaard, and K. Wildgaard, Permanent catheters for recurrent ascites—a critical and systematic review of study methodology. Supportive Care in Cancer, 2016. 24(6): p. 2767-2779.	Geen kwaliteitsbeoordeling van de geïncludeerde studies
Di Pascoli, M., et al., Long-term administration of human albumin improves survival in patients with cirrhosis and refractory ascites. Liver International, 2019. 39(1): p. 98-105.	Geen RCT
Engelmann, C., et al. Alfapump system versus transjugular intrahepatic portosystemic shunt and paracentesis in the treatment of ascites. A multicentre randomised controlled study (agua-trial). Journal of hepatology, 2015. 62, S846-s847.	Abstract
European Association for the Study of the, L., EASL clinical practice guidelines on the management of ascites, spontaneous bacterial peritonitis, and hepatorenal syndrome in cirrhosis. Journal of Hepatology, 2010. 53(3): p. 397-417.	Enkel gezocht in PubMed, geen kwaliteitsbeoordeling
Fleming, N.D., et al., Indwelling catheters for the management of refractory malignant ascites: a systematic literature overview and retrospective chart review. Journal of Pain & Symptom Management, 2009. 38(3): p. 341-9.	Geen kwaliteitsbeoordeling van de geïncludeerde studies, geen RCTs
Fukui, H., et al., Evidence-based clinical practice guidelines for liver cirrhosis 2015. Journal of Gastroenterology, 2016. 51(7): p. 629-50.	Geen kwaliteitsbeoordeling van de geïncludeerde studies
Garbuzenko, D.V. and N.O. Arefyev, Current approaches to the management of patients with cirrhotic ascites. World Journal of Gastroenterology, 2019. 25(28): p. 3738-3752.	Geen kwaliteitsbeoordeling van de geïncludeerde studies
Gines, P., et al., Transjugular intrahepatic portosystemic shunting versus paracentesis plus albumin for refractory ascites in cirrhosis. Gastroenterology, 2002. 123(6): p. 1839-47.	Interventie niet relevant voor PICO
Gonschior, A., et al. Quality of life in patients with malignant ascites and ascites symptoms after treatment with catumaxomab: results from a multicenter phase II/III study comparing paracentesis plus catumaxomab with paracentesis alone. European journal of cancer, 2011. 47, S223 DOI: 10.1016/S0959-8049%2811%2971077-2.	Abstract
Gonschior, A., et al. Quality-of-life assessment in patients with malignant ascites: results of a multicenter phase II/III study comparing paracentesis plus catumaxomab with paracentesis alone. Journal of clinical oncology, 2011. 29.	Abstract

Hamdy, H., et al., Comparison of midodrine and albumin in the prevention of paracentesis-induced circulatory dysfunction in cirrhotic patients: a randomized pilot study. Journal of Clinical Gastroenterology, 2014. 48(2): p. 184-8.	Uitkomsten uit PICO niet gerapporteerd
Hatti, M., et al. To assess outcome of slow low-dose continuous albumin, furosemide+/-terlipressin sifa (+/-t) infusion in patients of cirrhosis with hepatic hydrothorax. Journal of clinical and experimental hepatology, 2017. Conference: 25th Silver Jubilee Annual Scientific Meeting of the Indian National Association for Study of the Liver, INASL 2017. India. 7, S60 DOI: 10.1016/j.jceh.2017.05.114.	Abstract
Haynes, G.R., R.J. Navickis, and M.M. Wilkes, Albumin administration--what is the evidence of clinical benefit? A systematic review of randomized controlled trials. European Journal of Anaesthesiology, 2003. 20(10): p. 771-93.	Geen kwaliteitsbeoordeling van de geïncludeerde studies
Hiremath, S.B., S.D. Lokikere, and N.K. Madalageri, Efficacy of midodrine plus octreotide in hepatorenal syndrome: A meta-analysis. International Journal of Research in Ayurveda and Pharmacy, 2012. 3(4): p. 576-581.	Geen RCTs, enkel evaluatie van combinatie Midodrine en Octreotide
Hsu, S.J. and H.C. Huang, Management of ascites in patients with liver cirrhosis: recent evidence and controversies. Journal of the Chinese Medical Association: JCMA, 2013. 76(3): p. 123-30.	Narrative review
Is, B., et al., Albumin in the management of hepatic encephalopathy: A systematic review and meta-analysis. Annals of Hepatology, 2021. 26: p. 100541.	Uitkomsten uit PICO niet gerapporteerd
Jalan, R., et al. Albumin infusion for severe hyponatremia in patients with refractory ascites: a randomized clinical trial. Journal of hepatology, 2007. 46 (Suppl 1), S95.	Abstract
Kalambokis, G., et al., Renal effects of treatment with diuretics, octreotide or both, in non-azotemic cirrhotic patients with ascites. Nephrology Dialysis Transplantation, 2005. 20(8): p. 1623-1629.	Uitkomsten uit PICO niet gerapporteerd
Kalambokis, G., et al., The effects of chronic treatment with octreotide versus octreotide plus midodrine on systemic hemodynamics and renal hemodynamics and function in nonazotemic cirrhotic patients with ascites. American Journal of Gastroenterology, 2005. 100(4): p. 879-85.	Uitkomsten uit PICO niet gerapporteerd
Kalambokis, G., et al., The effects of treatment with octreotide, diuretics, or both on portal hemodynamics in nonazotemic cirrhotic patients with ascites. Journal of Clinical Gastroenterology, 2006. 40(4): p. 342-6.	Uitkomsten uit PICO niet gerapporteerd
Karwa, R. and C.B. Woodis, Midodrine and octreotide in treatment of cirrhosis-related hemodynamic complications. Annals of Pharmacotherapy, 2009. 43(4): p. 692-9.	Geen kwaliteitsbeoordeling van de geïncludeerde studies
Keen, A., et al., Management of drainage for malignant ascites in gynaecological cancer. Cochrane Database of Systematic Reviews, 2009(2).	Updated
Keen, A., et al., Management of drainage for malignant ascites in gynaecological cancer. Cochrane Database of Systematic Reviews, 2010(1): p. CD007794.	Updated
Kimer, N., et al. Tunnelated peritoneal catheter versus large volume paracentesis for refractory ascites in cirrhosis: a randomized controlled trial. Journal of hepatology, 2020. 73, S749-s750 DOI: 10.1016/S0168-8278(20)31948-6.	Abstract
Konerman, M.A., et al., Randomized, controlled pilot study comparing large-volume paracentesis using wall suction and traditional glass vacuum bottle methods. Therapeutic Advances in Gastroenterology, 2014. 7(5): p. 184-192.	Vergelijking van 2 technieken voor ontlastende ascitespunctie
Krishna, J.D., et al. A randomized cross over study of rollover paracentesis with standard paracentesis is suspected malignant ascites. Gut, 2022. 71, A113-a114 DOI: 10.1136/gutjnl-2022-IDDF.148.	Abstract

Kuiper, J.J., R.A. de Man, and H.R. van Buuren, Review article: Management of ascites and associated complications in patients with cirrhosis. Alimentary Pharmacology & Therapeutics, 2007. 26 Suppl 2: p. 183-93.	Narrative review
Kumar, B., et al. Efficacy and safety of early transjugular intrahepatic portosystemic shunt (ETIPS) compared with large volume paracentesis in the management of cirrhosis with recurrent ascites: a randomized controlled trial. Hepatology (Baltimore, Md.), 2020. 72, 58a-59a DOI: 10.1002/hep.31578.	Abstract
Kutting, F., et al., Insufficient evidence of benefit regarding mortality due to albumin substitution in HCC-free cirrhotic patients undergoing large volume paracentesis. Journal of Gastroenterology & Hepatology, 2017. 32(2): p. 327-338.	Uitkomsten uit PICO niet gerapporteerd
Kwok, C.S., et al., Albumin reduces paracentesis-induced circulatory dysfunction and reduces death and renal impairment among patients with cirrhosis and infection: A systematic review and meta-analysis. BioMed Research International, 2013. 2013.	SR
Lata, J., et al., The efficacy of terlipressin in comparison with albumin in the prevention of circulatory changes after the paracentesis of tense ascites - A randomized multicentric study. Hepato-Gastroenterology, 2007. 54(79): p. 1930-1933.	Uitkomsten uit PICO niet gerapporteerd
Lenaerts, A., et al. Large volume paracentesis as compared with the association clonidine - spironolacton in cirrhosis with refractory ascites. Journal of hepatology, 2002. 36, 58.	Abstract
Lepida, A., et al., Systematic review with meta-analysis: automated low-flow ascites pump therapy for refractory ascites. Alimentary Pharmacology & Therapeutics, 2019. 50(9): p. 978-987.	Interventie niet relevant voor PICO
Li, W., et al. Study of the safety, tolerability, pharmacokinetics, pharmacodynamics and efficacy of recombinant human albumin in patients with ascites due to cirrhosis. Hepatology (Baltimore, Md.), 2021. 74, 1245a- DOI: 10.1002/hep.32188.	Abstract
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