

Paracentesis Information Sheet

General indications for the procedure: A paracentesis is a procedure used to remove fluid from the abdominal cavity. This procedure can be done diagnostically where the fluid is removed and examined, therapeutically where the fluid is removed to relieve significant abdominal swelling and pain and shortness of breath, or both. When the fluid is examined, it allows for a diagnosis of various liver conditions to be made. It is also helpful in determining the cause, extent, and possible treatments of these liver conditions.

Prior to procedure: Aspirin like compounds and non-steroidal anti-inflammatory agents (such as advil, motrin, alleve, ibuprofen, naprosyn, etc.) should NOT be taken for 3 days prior to the procedure. Blood work will be done less than one month before the procedure.

Description of Procedure: The paracentesis is done in the clinic or in the inpatient setting. An intravenous catheter will generally be placed in the patient's arm just prior to the procedure to provide fluids. Generally, an ultrasound machine will be used to locate the best area over the abdomen for removing the fluid. That area will be washed with a cleansing agent and numbed with lidocaine (like a dentist uses). A larger paracentesis needle will be inserted into the abdomen to remove the fluid.

After the procedure: The patient will be observed for approximately one hour in the clinic (or as an inpatient) after the procedure. Depending on the amount of fluid removed and the reason for the procedure, the patient may be given intravenous fluids (including albumin) after the procedure. In the case of an out-patient procedure, at the end of the recovery time, if the patient is stable, he/she will be sent home.

After the patient goes home: There are no specific restrictions. If any problems occur contact, the patient should contact the physician who performed the biopsy.

Risks of the Procedure: Major complications from paracentesis are rare. A small hematoma (bruise or blood clot) can be seen in the abdominal wall near the site of the needle insertion in rare cases. Significant bleeding (enough to warrant hospital admission and/or blood transfusion) or injury to the bowel with the needle are also very rare. Leakage of the fluid from the needle site can occur but is usually not of major significance and can be resolved with an appropriate covering or the placement of a small stitch.

Procedure Alternatives, if any: No paracentesis.

Probable Consequences of Refusing Procedure: Not having the fluid removed, and thus not relieving the abdominal swelling, pain, or shortness of breath. Not knowing the cause or the extent of the liver problem.

Person(s) performing the Procedure: The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a hepatology/gastroenterology/radiology fellow and/or a resident/intern who is observed by a physician who is a member of the medical staff. Fellows are licensed physicians in approved post residency training programs. Residents and interns are physicians in training at the institution. Parts of the procedure which they perform will be based on their level of competency. Nurse practitioners may also perform the procedure independently. They are nurses with advanced training who are credentialed to perform various hospital procedures.