

PARACENTESIS

Name: _____ Birthdate: _____

Procedure Date: _____ Time: _____ Place: _____ Report to Facility: _____

Paracentesis is a procedure to remove fluid from the abdominal cavity. Paracentesis is performed for a variety of reasons including chronic liver disease and intra-abdominal cancer. The amount of fluid removed is dependent on the indication for the procedure. A small amount of fluid may be removed for diagnostic purposes. Alternatively, a large amount of fluid can be removed for patient comfort.

No extensive preparation is required by the patient. We do recommend that you do not eat anything after midnight the night prior to the procedure. Please consult with your physician if you are taking aspirin or anticoagulants.

The procedure is typically performed with you in a comfortable position, lying on your back. The fluid is typically removed from either the right lower abdomen or an area just below the belly button. Your physician will disinfect the skin with a betadine solution. The skin and subcutaneous tissues will then be anesthetized with a numbing medication. A small needle will be passed through the skin into the peritoneal cavity. Fluid will then be removed using suction.

Paracentesis is a very safe procedure, and it is associated with few risks or complications when performed by an experienced physician. Complications that may occur include infection at the needle insertion site, bleeding, damage or perforation of internal organs such as the intestine, and intra-abdominal infection. Patients may occasionally feel dizzy, lightheaded, or dehydrated after removal of large quantities of fluid. Any unusual symptoms which occur after the procedure should be reported to your physician immediately. Fever, abdominal pain, redness, or irritation at the site of the needle insertion, or bleeding should be reported immediately.

Please phone RGAL if you have any questions and notify our office within 72 business hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 business hours will result in an additional charge. Patient is responsible for any ordered ancillary services that cannot be cancelled.

THANK YOU.

Nurse's signature: _____

Date: _____

