Abdominal Paracentesis / Abdominal Tapping (and Drainage if necessary)

Procedure Information Sheet

Introduction
It is usually very little fluid in the abdominal cavity. However, there are a number of conditions that can cause fluid to accumulate in the abdomen. This is called ascites. When fluid accumulates, an abdominal paracentesis may be done to draw a sample of fluid or to drain fluid that has accumulated.

Indication
- Diagnostic tapping: To determine etiology of the new-onset ascites.
- Therapeutic tapping: To relieve abdominal distension or respiratory distress secondary to ascites.

The Operation / Procedure
1. You will be instructed to lie on your back or other specific position which facilitate the drainage or aspiration.
2. The site for abdominal paracentesis will be cleaned with an antiseptic solution.
3. An injection of a local anesthetic will be given to numb the area.
4. The doctor will carefully insert the needle into the abdomen after local anesthetized. The fluid will be removed using a syringe.
5. The amount of fluid removed depends on the procedure purpose: diagnostic or therapeutic aim.

Before the Operation / Procedure
1. A written consent is required.
2. Empty bladder before procedure.

After the Operation / Procedure
1. Bed rest according to doctor’s order.
2. Blood pressure and other vital signs will be monitored.

Risk and Complication
In general, paracentesis can be thought of as a relatively safe procedure. Occasionally complication may occur especially in very sick patients. Serious complication such as significant bleeding, infection, renal failure, hyponatremia, hepatic encephalopathy, complicated bowel perforation and paracentesis leak are rare.

Disclaimer
This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Patient’s Label
Patient Name: ______________
Hospital No: ______________
Episode No: ______________

Patient’s Signature: ______________ Date: ______________