### Paracentesis

<table>
<thead>
<tr>
<th>Pre Procedure Imaging Requirements</th>
<th>Any of the following: Cross sectional imaging, or ultrasonography. Procedure should be approved by the attending body interventional radiologist.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indications</strong></td>
<td>Diagnostic: for cultures or cytology. Therapeutic: for symptomatic relief. Can be for both</td>
</tr>
<tr>
<td><strong>Relative Contraindications</strong></td>
<td>Coagulopathy, not enough fluid.</td>
</tr>
</tbody>
</table>
| **Potential Risks**               | Hemorrhage  
Infection  
Injury to bowel  
Death                                                                                                                                  |
| **Room Requirements**             | Frequently done at bedside with portable ultrasound or in ultrasound department.                                                                                                      |
| **Tray Setup**                    | 5 French Centesis needle 7 cm (10 cm for large patients)  
Scalpel  
2 Barrier sheets, package of sterile towels, 2 sterile gowns  
(2) 12 cc syringes, (2) 60 cc syringe  
(1) 22 g, (1) 18 g, (1) 25 g needles, (1) 16 g needle  
1 packages of 4 x 4's  
ChloraPrep with Tint solution  
Lidocaine 1 % without epinephrine  
Sodium Bicarbonate  
JP Connecting tubing or MX 5996 extension tubing  
High pressure rotator MX 496HP  
Vacuum bottles  
Ureteral Bag  
Bandaid                                                                                                                                    |
| **Patient Positioning**           | Supine                                                                                                                                  |
| **Pre-op**                        | Review cross sectional imaging  
Labs: Coags INR < 1.5, Plts > 50K  
Review patient allergies  
Review patient medications  
Consult from referring physician and order placed in EPIC by our service  
Orders for fluid analysis                                                                                                                  |
| **Sedation**                      | None                                                                                                                                   |
| **Consents**                      | Paracentesis                                                                                                                              |
| **Procedure**                     | Patients should be positioned appropriately for maximum patient comfort. Tray should be opened and prepared.  
A pre procedure ultrasound should be obtained and the patient is marked; After prepping, lidocaine is infiltrated down to the peritoneum.  
A small dermatotomy is made.  
The centesis needle is then advanced into the ascitic fluid while aspirating.  
The catheter is then advanced and the stilet is removed.  
The centesis needle is attached to the JP tubing, and the ascites fluid is aspirated off.  
For malignant ascites, can take maximum volume for patient comfort. If sending for cytology, make sure to collect in ureteral bag.  
For liver failure patients, the total volume removed should be discussed with the GI service to prevent complications with significant fluid shifts. The centesis needle is then removed and a bandaid or pressure dressing is applied. |
| **Post Procedure Orders**         | Lab orders for fluid analysis                                                                                                               |
| **Specimen**                      | Specimen should be labeled with patient name, medical record number, site of fluid collected, and obtained by radiology. Orders should be placed in EPIC. |
| **Follow up**                     | cultures, cytology                                                                |