Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Paracentesis (Abdominal Tap)

This information will help you get ready for your paracentesis (PAYR-uh-sen-TEE-sis) at MSK. It also explains what to expect before, during, and after your paracentesis. A paracentesis is also called an abdominal tap.

What is a paracentesis?

A paracentesis is a procedure that removes extra fluid from your abdomen (belly). This buildup of fluid is called ascites (ah-SYE-teez). Ascites can be painful.

Ascites may be caused by:

- Cancer.
- An infection.
- Inflammation (swelling).
- An abdominal injury.
- Cirrhosis (seh-ROH-sis). This is scarring of the liver.

During your paracentesis, your doctor will place a catheter (small, flexible tube) into your abdomen. The extra fluid will drain out through the catheter.

What to expect before your paracentesis

Before your procedure you may have some tests, such as:

- An ultrasound to find the fluid in your abdomen.

- Blood tests.
- Any other tests needed to plan your care.

Your healthcare provider will talk with you about what you're able to eat and drink before your procedure.

What to do before your paracentesis

Ask about your medicines

You may need to stop taking some of your usual medicines before your procedure. Or, you may need to take a different dose (amount) than usual. Talk with your healthcare provider about how to take your medicines before your procedure. Do not change how you take your medicines without talking with a healthcare provider.

This section lists some examples of medicines, but there are many others. **Make sure your care team knows all the prescription medicines, over-the-counter medicines, and dietary supplements you take.** A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.



It's very important to take your medicines and supplements the right way in the days before your procedure. If you don't, we may need to reschedule your procedure.

Blood thinners

Blood thinners are medications that affect the way your blood clots. If you take blood thinners, ask the healthcare provider performing your procedure what to do. They may recommend you stop taking the medication. This will depend on the type of procedure you're having and the reason you're taking blood thinners.

Here are some examples of blood thinners. There are others, so be sure your care team knows all the medicines you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

• Apixaban (Eliquis®) • Aspirin • Celecoxib (Celebrex®) • Cilostazol (Pletal®) • Clopidogrel (Plavix®) • Dabigatran (Pradaxa®) • Dalteparin (Fragmin®) • Dipyridamole (Persantine®) • Edoxaban (Savaysa®) • Enoxaparin (Lovenox®) • Fondaparinux (Arixtra®) • Heparin injection (shot)	• Meloxicam (Mobic®) • Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®) • Pentoxifylline (Trental®) • Prasugrel (Effient®) • Rivaroxaban (Xarelto®) • Sulfasalazine (Azulfidine®, Sulfazine®) • Ticagrelor (Brilinta®) • Tinzaparin (Innohep®) • Warfarin (Jantoven®, Coumadin®)

What to expect when you arrive

Many doctors, nurses, and other staff members will ask you to state and spell your name and date of birth. This is for your safety. People with the same or similar names may be having procedures on the same day.

When it's time to change for your procedure, you'll get a hospital gown and nonskid socks to wear.

What to expect during your paracentesis

When it's time for your procedure, a member of your care team will bring you into the procedure room. They will help you onto an exam table or into a reclining chair.

Your nurse may place an intravenous (IV) line into a vein in your arm or hand, unless you already have:

- A central venous catheter (CVC) or any other type of CVC.
- A peripherally inserted central catheter (PICC).
- An implanted port (also called a mediport or Port-A-Cath).

You may get fluids through your IV, CVC, PICC, or implanted port.

You will also be attached to equipment that monitors (closely watches) your heart rate, breathing, temperature, and blood pressure.

Next, a member of your care team will help you lie on your back. Your doctor will use an ultrasound to look at your abdomen. An ultrasound is an imaging test that uses sound waves to make pictures of the inside of your body.

The ultrasound will help your doctor find the buildup of fluid. When your doctor finds it, they may use a felt-tipped marker to mark the site on your skin. This site is where they will place the catheter into your abdomen to drain out the extra fluid.

After the ultrasound, a member of your care team will clean your abdomen. Then, they will give you a local anesthetic to numb the area where they will place the catheter. You will get the anesthetic as an injection (shot).

Once the area is numb, your doctor will put a needle into your abdomen. Then, they will put a catheter into your abdomen at the puncture site (the area where the needle was inserted). The catheter is connected to a bottle by a small tube. The fluid from your abdomen will be drained through the catheter and into the bottle. Do not move while the catheter is in place.

Once enough fluid has been drained, your doctor will take out the catheter. Then, they will place a small bandage over the puncture site.

How long your paracentesis takes depends on how much fluid is drained.

The drained fluid may be sent to a lab so your doctor can find the cause of the buildup.

What to expect after your paracentesis

- When your procedure is over, you will rest for a short time. Then, when you’re ready, your nurse will help you get up slowly. Tell your healthcare provider if you feel dizzy or lightheaded (like you might faint).

- Your abdomen will feel softer after your procedure. This is normal. It feels softer because ascites was drained during your procedure.
- You may have some pain or discomfort after your procedure. Talk to your healthcare provider about pain medications you can take, such as Tylenol® and Advil®.
- It's normal for a small amount of fluid to leak from the puncture site after your procedure. Your healthcare provider will give you extra bandages to protect your clothing in case this happens. If fluid is still leaking from the site 24 hours (1 day) after your procedure, call your healthcare provider.

What to expect when you're back home

- Keep your bandage on for 24 hours after your procedure.
- You can shower 24 hours after your procedure. Take off your bandage and wash the puncture site with soap and water. You may want to place a clean bandage over the area if fluid is still leaking from the site.
- You can go back to your normal activities after your procedure unless your healthcare provider gives you other instructions.

When to call your healthcare provider

Call your healthcare provider if you have:

- Redness at the puncture site.
- Pain in your abdomen that gets worse.
- A fever of 100.4 °F (38.0 °C) or higher.
- Shaking or chills.
- Trouble breathing.
- An increased amount of fluid leaking from your puncture site 24 hours after your procedure.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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