



PATIENT & CAREGIVER EDUCATION

About Your Paracentesis (Abdominal Tap)

This information will help you get ready for your paracentesis at Memorial Sloan Kettering (MSK).

A paracentesis, or an abdominal tap, is a procedure that removes ascites (build-up of fluid) from your abdomen (belly). The fluid buildup can be painful.

Ascites may be caused by:

- Cancer
- An infection
- Inflammation (swelling)
- An abdominal injury
- Cirrhosis of the liver (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.

Before Your Procedure

Before your procedure, you may have tests, including an ultrasound to find the fluid in your abdomen, blood tests, and any other tests necessary to plan your care.

Your doctor or nurse will talk with you about what you're able to eat before your procedure.

Ask about your medications

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below. Tell your doctor or nurse what medications you're taking, including prescription medications, patches, creams, herbal supplements, and over-the-counter medications.

Anticoagulants (blood thinners)

If you take a blood thinner, which is a medication that affects the way your blood clots, ask the doctor performing your procedure what to do. Some over the counter medications, such as aspirin, can also thin your blood, so it's important to tell your doctor every medication you take. Whether they recommend you stop taking the medication depends on the reason you're taking it.

Do not stop taking your blood thinner medication without talking with your doctor that prescribes it.

Examples of Blood Thinners

apixaban (Eliquis®)	dalteparin (Fragmin®)	meloxicam (Mobic®)	ticagrelor (Brilinta®)
aspirin	dipyridamole (Persantine®)	nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®)	tinzaparin (Innohep®)
celecoxib (Celebrex®)	edoxaban (Savaysa®)	pentoxifylline (Trental®)	warfarin (Coumadin®)
cilostazol (Pletal®)	enoxaparin (Lovenox®)	prasugrel (Effient®)	
clopidogrel (Plavix®)	Fondaparinux (Arixtra®)	rivaroxaban (Xarelto®)	
dabigatran (Pradaxa®)	heparin (shot under your skin)	sulfasalazine (Azulfidine®), Sulfazine®)	

During Your Procedure

What to expect

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

After you change into a hospital gown, you will be brought into the procedure room and helped onto a procedure table. Your nurse may place an intravenous (IV, in your vein) catheter into a

vein in your arm or hand, unless you already have a central venous catheter (CVC). You will get fluids through your IV or CVC. You will be attached to equipment that will monitor your vital signs, such as your blood pressure, temperature, and pulse.

A member of your healthcare team will help position you onto your back. Your abdomen will be cleaned. You will be injected with a local anesthetic (medication to make you numb) in the area where your doctor will be working.

Once the area is numb, your doctor will put a needle in 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. Don't move while the catheter is in place.

Once enough fluid has been drained, the catheter will be removed, and a small bandage will be placed over the punctured site.

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

The drained fluid will be sent to a lab so that your doctor can find the cause of the build-up.

After Your Procedure

In the hospital

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 doctor or nurse if you feel dizzy or lightheaded.

- You may have some pain or discomfort. Talk to your doctor or nurse 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 doctor or nurse will give you bandages to protect your clothing in case this happens. If fluid is still leaking from the puncture site 24 hours (1 day) after your procedure, call your doctor or nurse.

At 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 nurse or doctor gives you other instructions.

When to Call Your Healthcare Provider

Call your healthcare provider if you have any of the following issues:

- Redness at the puncture site
- Increased pain in your abdomen
- 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

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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

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