

North Glasgow University Hospitals NHS Division
Clinical Procedure Manual
Section C – Medical Management

3.1 Abdominal Paracentesis

Objectives

By the end of this section you should know how to:

- Prepare the patient for abdominal paracentesis;
- Collect and prepare the equipment;
- Assist the medical practitioner with abdominal paracentesis as required.

Indications for abdominal paracentesis

Abdominal paracentesis is the removal of fluid from the peritoneal cavity via a sterile cannula or needle. Medication may be introduced into the peritoneal cavity via the same route. The procedure may be performed for the following reasons:

- To obtain a specimen of abdominal fluid for diagnostic purposes;
- To relieve intra-abdominal pressure caused by increased fluid within the abdominal cavity. This is known as ascites and may be associated with conditions such as congestive cardiac failure, chronic hepatic disease, malignant disease with liver metastases.
- To introduce medication into the peritoneal cavity eg. cytotoxic therapy.

Equipment

- Trolley
- Sterile gown
- Sterile gloves
- Mask
- Sterile towels
- Sterile bowl
- Sterile dressings pack
- Adhesive tape
- Incontinence pads
- Sterile specimen containers
- Sterile abdominal paracentesis set containing specialised trocar and cannula
- forceps
- blade and holder
- tubing
- Local anaesthetic and needles and syringes for its administration
- Sterile sutures and needle for stitching cannula in position
- Sterile drainage bag
- Gate clamp
- Disposable tape measure
- Measuring jug
- Bag for soiled disposables

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3.1 Abdominal Paracentesis cont.

Procedure

- Perform hand hygiene;
- Prepare equipment as necessary;
- Explain the procedure to the patient;
- If patient is not catheterised, ask the patient to empty bladder to ensure the bladder remains within the pelvis;
- Ensure patient's privacy;
- Measure and record the patient's abdominal girth before commencing;
- Place incontinent pads beneath patient to protect bedding;
- Assist patient into comfortable position (the position will depend on the reason for the procedure – flat or semi-recumbent);
- Expose site of insertion;
- Help prepare sterile field and assist medical practitioner as required;
- Measure amount of drainage, record on fluid chart and adjust flow of drainage as directed;
- Ensure the patient is comfortable, in an upright position to encourage drainage;
- Dispose of equipment as per Division policy;
- Perform hand hygiene;
- Document the procedure;
- Monitor blood pressure, pulse and temperature after this procedure. Check site of cannula. Report abnormal findings immediately.

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