



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Paracentesis

Information for patients, relatives and carers

① For more information, please contact:
Ward 36

York Hospital, Wigginton Road, York, YO31 8HE
Telephone: 01904 726036

Contents	Page
Introduction	3
What is ascites?	3
Why do I need paracentesis and what are the benefits?4	
What is paracentesis?	4
What does paracentesis involve?	5
Risks associated with paracentesis	7
What are the alternatives?.....	8
At home after your paracentesis	9
Tell us what you think of this leaflet	10
Teaching, training and research.....	10
Patient Advice and Liaison Service (PALS).....	10
Leaflets in alternative languages or formats	12

Introduction

This booklet is designed to give you information about paracentesis and the care you will receive. Paracentesis is a procedure to drain your abdominal ascites.

What is ascites?

Ascites is a medical term which means the accumulation of fluid in the abdomen (the peritoneal cavity). A small amount of fluid within the abdominal cavity is normal as fluid is being continuously created and absorbed.

Ascites develops when the balance of production and removal is upset and the amount of fluid in the abdomen increases. There can be a number of reasons for the imbalance, but it commonly occurs in chronic liver disease.

What symptoms do ascites cause?

- Swelling of the abdomen
- Reduced appetite
- Pain and discomfort
- Shortness of breath
- Reduced mobility
- Tiredness
- Indigestion and related bloating
- Nausea and vomiting
- Altered bowel habit.

Why do I need paracentesis and what are the benefits?

The build-up of abdominal ascites are causing pressure within your abdomen. By draining these ascites the pressure will be reduced, leading to relief of the symptoms

What is paracentesis?

Paracentesis (or abdominal tap) is a procedure in which a small drainage tube is inserted through your abdominal wall to remove the fluid.

What does paracentesis involve?

We carry out paracentesis for patients with chronic liver disease at Ward 36 at York Hospital. You will be given a date and time to attend. You will be seen by a doctor or nurse who will be performing the procedure.

We will go through a consent form with you (FYCON156-3 Paracentesis of abdominal ascites) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes, and you will also be offered a copy for your own records.

If you are happy to continue, we will place a cannula (a small plastic tube) into the vein of your arm/hand. If you have not had any recent blood tests (within the last five days) we will need to take blood samples before we do the paracentesis. You will be weighed, and your blood pressure, pulse and temperature will be taken.

For the procedure you will be lying on a bed. The doctor or nurse will examine you to decide the best position to insert the drain into your abdomen. You will be given an injection of local anaesthetic to numb the area before the drain is inserted. The drain will stay in for a maximum of six hours.

You may experience slight discomfort during the procedure, but it should not be painful.

Your blood pressure will be monitored at regular intervals after the procedure.

The amount of fluid drained will be monitored by the nurse looking after you. For every 2.5 litres of ascites drained, you will be given 100 millilitres of intravenous human albumin 20% (HAS) as a drip through your cannula. HAS is a blood protein product and is given to maintain satisfactory blood pressure following the removal of large volumes of ascitic fluid.

When all the fluid has drained, or the drain has been in for a maximum of six hours, it will be removed, and a dry dressing will be applied. You should be discharged the same day.

The dressing should remain in place for 48 hours.

Risks associated with paracentesis

- If large volumes of fluid are removed, your blood pressure may drop. This is known as hypotension. Your blood pressure will be monitored at regular intervals during your stay.
- The tube may become blocked. If this happens you may be asked to move around or it may be removed and another one inserted.
- The site of the drain may become infected.
- Punctured bowel/internal organs during the procedure is very rare (less than 1 in a 1000 procedures) but may require an operation.
- Pain.
- Failure to drain the ascites.
- Introduction of infection into the abdominal cavity (peritonitis).
- Bleeding (significant bleeding happens in less than 1 in a 1000 procedures).
- Risk of death (less than 1 in a 1000 procedures).

What are the alternatives?

- Do nothing.
- TIPPS (Transjugular intrahepatic portosystemic shunt)-if appropriate.
- Liver transplant- if appropriate.

The above options should have been discussed with your consultant prior to this procedure

At home after your paracentesis

Before you are discharged the nurse looking after you will go through any discharge advice. You may return to your normal activities as soon as you feel fit to do so. Remove the dry dressing from your abdomen after 48 hours. You should have been given a blood form on discharge, please have your bloods checked three days after your paracentesis. This can be done at your GP surgery, hospital or Asda Phlebotomy department.

Do not take any diuretic medication the day after your paracentesis. Diuretics are a group of medications that increase urine excretion; they are known as 'water tablets'. Water tablets may cause injury to your kidneys so should not be taken. The most commonly used ones are; Spironolactone, Furosemide and Bumetanide.

Please contact your GP for advice if you experience any of the following:

- Sharp pains in your abdomen.
- Difficulty urinating.
- Signs of wound infection (smelly discharge from the wound, red or swollen around the site).
- Fever (a rise in body temperature).

If you need advice out of hours, please contact ward 36 on 01904 726036 or your GP.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Ward 36, York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726036

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Alison Desborough, Advanced Clinical Practitioner
Date first issued	December 2016
Review Date	April 2028
Version	3 (issued April 2025)
Approved by	Medicine Clinical Governance
Linked Consent Form	FYCON156-3 Paracentesis of abdominal ascities v3
Document Reference	PIL 1050 v3
© 2025 York and Scarborough Teaching Hospitals NHS Foundation Trust.	
All Rights reserved.	