This information will inform you and your family about 2 diagnostic procedures: paracentesis (also called a “belly tap”) and thoracentesis (also called a “chest tap”). During a paracentesis, the doctor removes excess fluid from around the abdomen; during a thoracentesis, the doctor removes excess fluid from the lungs. These are routine procedures and common; they are not types of surgery.

Why would I need a thoracentesis or paracentesis?
These procedures are done to remove fluid from your body for diagnostic tests. They may also be done to relieve pressure so that you are more comfortable or to help you breathe more easily.

Preparation
- If you take aspirin, ibuprofen (Motrin), naproxen (Aleve), or blood-thinning medicines, ask your doctor if you should continue taking them.
- You will have blood drawn before your procedure (usually within 7 days beforehand).
- Before your procedure, take your regular medications at their regular time with a sip of water.

Pre-procedure
- Your radiologist and nurse will discuss the procedure with you and answer your questions. When you understand what will happen, you will be asked to sign a consent form giving us permission to do the procedure.
- You will change into a hospital gown, if you are not already wearing one.
- These procedures have a risk of bleeding or infection. To reduce these risks, your care team will check the results of your blood work and clean your skin with antiseptic soap.

Procedure
- Your nurses and/or interventional radiology technologist will attach you to monitors to measure your vital signs during the procedure. Your nurse may start an I.V. (intravenous) line.
- You will be placed on a stretcher.
- You will be draped with sterile towels. It is important not to touch the clean site or towels. This helps reduce the risk of infection.
- Your radiologist will use ultrasound to help see the fluid that will be removed.
- Your radiologist will inject a local anesthetic into the area to numb it.
- A nurse will stay with you during your procedure to monitor your vital signs and comfort level. Please let the nurse and radiologist know whenever you are uncomfortable.
- After the procedure, a small dressing (like a Band-Aid) will be put over the site.
- You will be returned to your room or outpatient clinic.

After the procedure
- Rest in bed for about 2 hours after the procedure, or as directed by your doctor, nurse, or interventional radiologist.
- Rest the day of the procedure, and limit your physical activity, if directed to do so by your care team.
- You may remove your dressing/bandage the day after the procedure, or replace it the day of the procedure if it becomes soiled or wet. Do not be alarmed by a small amount of blood on your bandage. Procedure sites often bleed slightly or ooze for a short time. But feel free to contact your doctor if this concerns you.

Patient Information

Paracentesis or Thoracentesis
• You may shower the day after the procedure.
• Resume your regular diet after the procedure, unless otherwise directed by your care team.
• Ask your doctor when you can start taking aspirin, ibuprofen (Motrin), naproxen (Aleve), or blood-thinning medicines.

**Special instructions**
Call your doctor if you have any of these symptoms in the next 24/48 hours:
• Redness or swelling
• Severe pain near procedure site
• Weakness, dizziness, light-headed feelings, fainting, or fast heart beat
• Shortness of breath, difficulty breathing, or rapid breathing
• Severe shoulder pain

If you have any symptoms that you feel are severe, or if you cannot immediately reach an NIH doctor, then call 911, or go to your closest Emergency Room and bring this sheet.

If you had a thoracentesis (“chest tap”) and expect to take an airplane flight, talk with your doctor about precautions before you leave. It is usually suggested that patients do not fly for at least 24 hours after a thoracentesis.

NIH Clinic/Doctor: __________________________________________________________
Phone: ________________

This information is prepared specifically for persons taking part in clinical research at the National Institutes of Health Clinical Center and may not apply to patients elsewhere. If you have questions about the information presented here, talk to a member of your health care team. Products/resources named serve as examples and do not imply endorsement by NIH. The fact that a certain product/resource is not named does not imply that such product/resource is unsatisfactory.

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