



**CHRISTIE CLINIC**  
*Medicine for Your Life*

# *Patient Discharge Instructions*

*Department of Radiology*

## **ULTRASOUND GUIDED THORACENTESIS**

**Patient Name** \_\_\_\_\_

**Type of procedure performed** \_\_\_\_\_

**Date of your procedure** \_\_\_\_\_

You had an ultrasound guided Thoracentesis on the above listed date. Please keep this document for at least 3 days following the procedure.

### **Post Procedure instructions:**

1. You should go home and relax for the rest of the day following your procedure. Please have someone available to stay with you until the next morning after the procedure.
2. Do not take any blood-thinning medications or aspirin for seventy-two hours following your procedure. Tylenol may be taken as needed for any discomfort.
3. Check the needle site periodically for any sign of excessive bleeding or infection.
4. Following the procedure, it is not unusual to have a mild cough that produces a small amount of blood in the resulting mucus. However, if your cough continues to produce bloody mucus after 24 hours, or the amount of the blood increases, or if you develop a sudden shortness of breath, you should immediately contact your physician or be seen in the nearest Emergency Department.
5. You may call the radiology department (217-366-1285) regarding any questions you have following the procedure. The radiology department is staffed from 7:30 AM until 5:30 PM Monday through Friday. After these hours you may contact your physician or your local emergency room. When contacting anyone regarding complications to this procedure, please provide them the type of procedure performed referenced at the top of this page.

**Patient Signature** \_\_\_\_\_

**Witness** \_\_\_\_\_