



CHRISTIE CLINIC
Medicine for Your Life

***Patient Discharge
Instructions
Department of Radiology***

ULTRASOUND GUIDED PARACENTESIS

Patient Name _____

Type of procedure performed _____

Date of your procedure _____

You had an ultrasound guided Paracentesis 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.
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. 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 the type of procedure performed referenced at the top of this page.

Patient Signature _____

Witness _____