DATE OF PROCEDURE: \*\*TIMESTAMP\*\*

PREOPERATIVE DIAGNOSIS: [ ]  year old [ ] with [ ] presenting for [ ] paracentesis.

POSTOPERATIVE DIAGNOSIS: Status post ultrasound guided paracentesis.

PROCEDURE PERFORMED:

1. Limited ultrasound of abdomen. Images were sent to PACS.
2. Ultrasound guided paracentesis. Images were sent to PACS.

ANESTHESIA: 1% lidocaine subcutaneous at the skin puncture site.

DESCRIPTION OF PROCEDURE AND FINDINGS:

The patient was explained the risks, benefits, and alternatives to the procedure and informed consent was obtained.

The patient was placed in the supine position and an abdominal ultrasound was performed demonstrating [ ] volume of ascites. Next, a high frequency linear transducer was used to identify the course of the inferior epigastric arteries. No arterial vessels were identified within the tissues under the planned paracentesis site. An appropriate skin site for paracentesis in the [ ] quadrant of the abdomen was marked.

Next, the patient's [ ] abdomen was prepped and draped in sterile fashion. 1% lidocaine was used to anesthetize the previously marked area, and lidocaine was administered along the planned needle tract for the paracentesis. A 5 French Yueh catheter was then connected to the lidocaine syringe and was then advanced into the peritoneal cavity while aspirating until ascites fluid was seen in the lidocaine syringe. At this point the Yueh catheter was advanced into the peritoneal cavity and the needle was removed. The Yueh catheter was placed to a vacutainer and approximately [ ]  of [ ]  ascites was drained.  [A sample of ascites fluid was sent to the labratory for analysis].

At the conclusion of the procedure, the catheter was removed and site dressed.

The patient tolerated the procedure without complications.

IMPRESSION:

Status post successful ultrasound guided paracentesis with drainage of [ ] of [ ] ascites.  [A sample of ascites fluid was sent to the labratory for analysis].

Procedure performed, and dictated by Dr. [ ]  under the direct, continuous supervision and assistance of [ ] , MD who was present during the key and critical portions of the procedure and interpreted the exam.

Electronically signed by [ ] on \*\*TIMESTAMP\*\*