



EMERGENCY MEDICINE:

Abdominocentesis

Indications	Performing an abdominocentesis requires patience and a few tricks of the trade. It should be performed when abdominal effusion, hemoabdomen, gastrointestinal perforation, urinary tract rupture, or pancreatitis is suspected.
Technique	The abdominocentesis can be performed standing or in left lateral recumbency. Clip and aseptically prep an area just to the left of midline and 2-3 cm caudal to the umbilicus. A 1 and ½ inch 20 gauge needle should be used to perform the tap. Fluid can be collected in a red-top tube as it drips out of the hub of the needle. Do not attach a syringe to the needle as this frequently results in aspiration of the omentum and thus a negative tap. If no fluid is seen, turn the needle a half turn and allow a few seconds to see fluid is yielded.
Alternative Methods	If the initial abdominocentesis is negative, tap the four quadrants of the abdomen similarly. Alternatively, try a fenestrated 2 inch 16-18 gauge catheter (not fenestrated more than 50% of the diameter) inserted 2-3 cm caudal to the umbilicus. Next, try a larger catheter without fenestrations. Sometimes the fenestrations weaken the catheter and it kinks. The next step is a diagnostic peritoneal lavage. Ultrasound is an excellent tool for confirming the presence of abdominal fluid and it can guide the needle into fluid pockets under direct visualization without damaging any vital organs.
Fluid Analysis	If one retrieves fluid and compares it to peripheral blood and it is: <ul style="list-style-type: none">▪ non-clotting hemorrhagic fluid (in a red-top tube), suspect hemorrhage. A PCV and TS ≥ peripheral blood confirms acute hemorrhage.▪ fluid with creatinine and potassium greater than serum levels confirms an urinary tract rupture.▪ fluid with amylase or lipase increases suspicion for pancreatitis.▪ fluid with total bilirubin confirms hepatobiliary or proximal gastrointestinal tract rupture unless the patient is icteric.▪ For all effusions, perform a specific gravity, total protein, and total cell count/analysis and determine if the effusion is a pure transudate, modified transudate, or exudate. Determining the difference is important to determine the cause of the patient's condition.
Questions?	Our 24/7 Emergency and Critical Care service is open year round and staffed by highly trained doctors and technicians. MVS attracts the top veterinarians from Canada and the United States for its positions and the ER doctors have access to specialists 24 hours a day, 7 days a week. Contact them at (248) 371-3713 or (248) 354-6660 with questions about your cases.

LOCATIONS

3412 East Walton Boulevard
Auburn Hills, MI 48326
Ph. (248) 371-3713

29080 Inkster Road
Southfield, MI 48076
Ph. (248) 354-6660