PEDGIHEP

www.pedgihep.jigsy.com
E- mail: pedgihep@yahoo.com

Vol 32,2012 PERIOPERATIVE MANAGEMENT PROTOCOLS WITH LIVER DISEASE.

Basic principles:

1. If varices are present, primary prophylaxis with nonselective b-blocker or band ligation should be considered earlier.
2. If the patient has history of variceal hemorrhage, upper endoscopy should be repeated with band ligation before the surgical procedure.
3. If the patient has ascites, efforts should be made to reduce the ascites before surgery through the use of a low-sodium diet, diuretics, and large volume paracentesis.
4. If not already on prophylaxis to prevent spontaneous bacterial peritonitis, prophylaxis with norfloxacin or trimethoprim/sulfamethoxazole should be considered in the patient with persistent ascites.
5. . If the patient has prolonged prothrombin time, vitamin K should be given for3 days in the event of deficiency.
6. POST OP Electrolytes should also be evaluated, with efforts to maintain the potassium level greater than 4.0 mmol/L.
7. elective procedures should be delayed until therapy for hepatitis C has been completed. If the patient requires emergent therapy, minimizing the duration of the interruption of treatment is important if the patient is to continue therapy for hepatitis C postoperatively.
8. The antiviral medications for hepatitis B pose little risk but may get interrupted during the perioperative period until oral medications are resumed, and the risk of viral breakthrough with prolonged interruption should be considered.
9. autoimmune hepatitis currently receiving steroids, stress doses of steroids may be required perioperatively.
10. . prolonged half-life of narcotics and benzodiazepines should be kept in mind.
11. Avoid hepatotoxic medications.Avoid nephrotoxic medications.
12. Calculation of modified child pugh score is vital for prognostication.

13. If a TIPS is present, the indication for the TIPS should be clarified whether for refractory ascites or variceal bleeding. If placed for ascites, the lack of ascites gives confidence that the TIPS remains patent.
14. If the TIPS has been placed for esophageal variceal bleeding, assessment of TIPS patency should be performed in the preoperative setting unless performed recently.
15. Avoid NSAID /nephrotoxic medications in patient with Hepatorenal syndrome irrespective of phases.

Key items in the history and physical examination of a consult for surgical clearance

- Presence of acute liver failure
- History of alcohol use and possible presence of alcoholic hepatitis
- Prior liver biopsy: cirrhosis present?
- Features of portal hypertension
  - Ascites
  - Esophageal or gastric varices
  - Hepatic encephalopathy
  - TIPS placement
    - Recent assessment of TIPS patency?
- Renal function
- Calculation of the Child-Pugh score
- Calculation of the MELD score
- Evaluated for liver transplantation?

DOSAGE to ADJUST IN LIVER DISEASE:

1. Ceftriaxone
2. Chloramphenicol
3. Clindamycin
4. Fusidic acid
5. Inh
6. Metro
7. Nafciliin
8. Rifa
9. Quinapristin
10. Capsofungin
11. Itraconazole
12. Voriconazole
13. Nevirpine
14. Rimatidine
15. Abacavir
16. Efavirnez
17. Indinair
18. Delavirdine

Refrences:

1.Clin Liver Dis 16 (2012) 421–43 doi:10.1016/j.cld.2012.03.008
2. PEDGIHEP library.