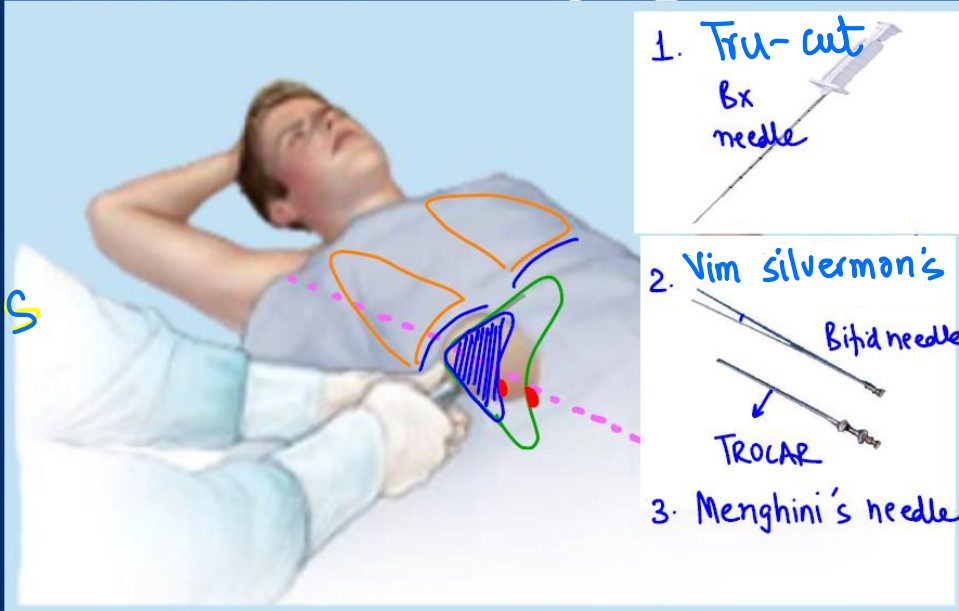


Liver Biopsy

Liver Biopsy

sites
↓
8th ICS
MAL

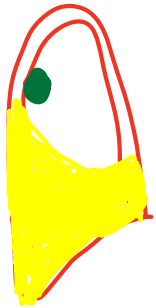


Nursing Priority Actions & Management

* Investigations for diagnosis of cirrhosis / fatty liver
(non invasive) \Rightarrow FIBROSCAN / Transient elastography

Procedural sites

malignant pt. effusion



8th ICS
mid way between
PAL &
scapular line

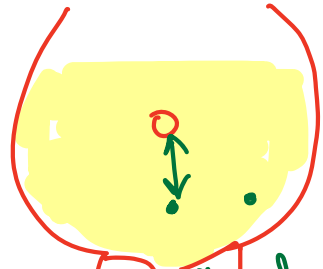
THORACOCENTESIS

malignant
pericardial
effusion



rephisternal appx
Pericardiocentesis

malignant
Ascites



Subumbilical
 \downarrow line
Abdominal
paracentesis

Liver biopsy

Done to identify cause and severity of liver cirrhosis

Causes of cirrhosis

1. MASH
2. alcoholic
3. HepC

metabolic dysfunction

Steatohepatitis : NAFLD

Pre procedure

Coagulogram:

Bleeding time - 2-9 min

Prothrombin time 11-16 sec

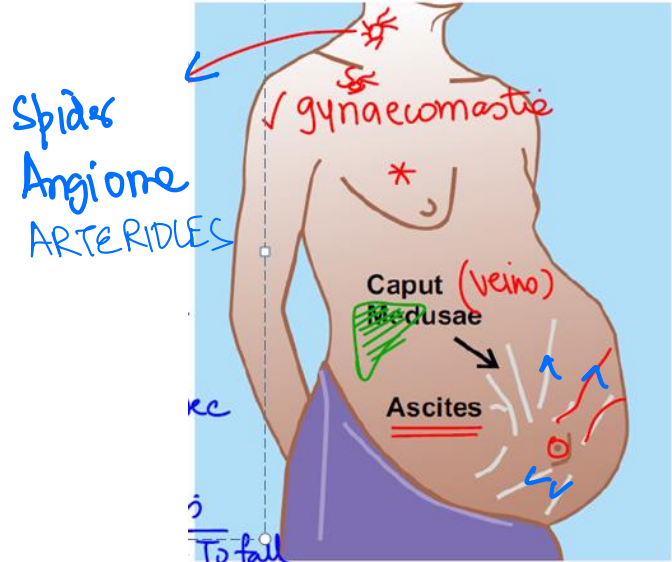
Activated partial thromboplastin time 30-45 sec

Sedative:

Site: USG guided, 8th ICS MAL

PT: Extrinsic: factors V, VII
factor VII: SHORTEST t1/2

Estrogen ↑
Testosterone ↓



Caput Medusae
(veins)

Coagulogram

$$\frac{PT \uparrow = 45 \text{ sec}}{INR \uparrow = 3.0}$$

- Cirrhosis — span ↓
* INR ↑ — FIBROSCAN
— LIVER Bx : gold std

Model for
end stg liver-
disease

C: CREATININE

B: Bleeding

* I: INR

How To normalize PT before liver biopsy?

FFP 😊

vit k 😞 : γ -carboxylated
2, 7, 9, 10

Post procedure Liver biopsy

1. Vitals HR ↑ BP ↓ Risk of bleeding + + +, Rpt Coagulogram
- * 2. Place client in Right lateral position and pillow if comfortable below costal margins
3. Avoid coughing and straining
4. Avoid lifting weights for at-least one week post procedure

* DELIRIUM TREMENS Rx: iv LORAZEPAM

STOP ALCOHOL SUDDENLY : 48-72 HOURS

1. TREMULOUSNESS
2. RAGE ATTACKS
3. MYDRIASIS
4. DIAPHORESIS
5. HALLUCINATIONS: Tactile visual Halluc^N > auditory

