Chapter 24:

LEARNING OBJECTIVES

On completion of the chapter, the reader will be able to:

1. Describe the pathophysiology, epidemiology, and etiology of cirrhosis.
2. List the potential complications of cirrhosis.
3. Discuss the typical clinical presentation of a patient with cirrhosis including expected laboratory abnormalities as well as Child-Pugh and MELD scoring.
4. Define portal hypertension and the role that portal hypertension plays in the formation of varices and variceal bleeding.
5. Cite the mainstay of therapy for the primary prophylaxis against variceal bleeding.
6. Describe the advantages and disadvantages of the primary prophylaxis options for variceal bleeding including nonselective β-adrenergic blockers, nitrates, and endoscopic variceal band ligation.
7. Formulate a treatment plan for a patient with acute variceal bleeding highlighting appropriate vasoactive drug therapy while recognizing the role of endoscopy and surgical procedures.
8. State the potential appropriate treatment options for secondary prophylaxis in a patient who has experienced variceal bleeding.
9. Define ascites while relating it to spontaneous bacterial peritonitis.
10. Devise a full treatment plan for a patient with ascites including recommendations for appropriate sodium restriction and diuretic therapy.
11. Recommend an appropriate antibiotic regimen for a patient with spontaneous bacterial peritonitis including a recommendation for long-term antibiotic prophylaxis against recurrence of spontaneous bacterial peritonitis.
12. Identify clinical scenarios when short-term antibiotic prophylaxis against spontaneous bacterial peritonitis is warranted.
13. Identify the role of albumin infusion in the treatment of patients with ascites and spontaneous bacterial peritonitis.
14. Define hepatic encephalopathy describing its precipitating factors and multiple clinical manifestations.
15. Construct an appropriate treatment recommendation for a patient with hepatic encephalopathy.
16. Determine the characteristics of those drugs whose pharmacokinetic and pharmacodynamic profiles are most likely to be affected by liver impairment making close monitoring and possible dosing adjustments necessary as well as the characteristics of those drugs whose profiles are least likely to be affected by liver impairment.