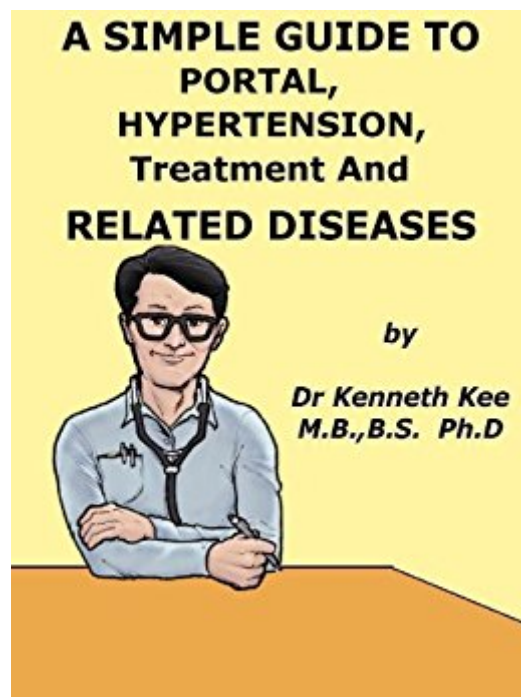




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A Simple Guide To Portal Hypertension, Treatment And Related Diseases (A Simple Guide To Medical Conditions)



Synopsis

Introduction
Ode to Portal Hypertension
Portal hypertension refers to the increase in vascular resistance to the portal blood flow resulting in the increased portal tension. Increased portal venous pressure increases the water load from heart failure. The increased cardiac output comes from increased portal arterial pressure. Increased blood flow in the portal veins is due to liver cirrhosis. With it as a sign of portal hypertension and cirrhosis comes ascites. Many people with ascites have abdominal swelling. As a result there may be difficulty in breathing. One indicator of ascites is the presence of shifting dullness. The fluid in the abdominal cavity is causing the fullness. There are abdominal pain and discomfort, nausea and vomiting. Portal Hypertension can cause esophageal variceal bleeding. The focus is on the treatment of variceal hemorrhage. Betablockers such as propranolol and carvedilol can reduce the pressure. Preventing variceal bleeds can be done by endoscopic vein ligation. Surgical procedures can be done by the esophageal devascularization. An original poem by Kenneth Kee. Interesting Tips about the Portal Hypertension. A Healthy Lifestyle.

1. Take a well Balanced Diet.
2. The portal hypertension itself is difficult to treat effectively except by:
A. Drug treatments
a. Betablockers:
b. Carvedilol (a nonselective betablocker with anti-alpha1-adrenergic effects) showed promising results in a recent study, and may have a role in preventing variceal bleeds.
c. Nitrates:
d. Vasoactive drugs:
B. Endoscopic procedures
a. Endoscopy - to detect and monitor esophageal varices.
b. Endoscopic vein ligation - to prevent bleeding of esophageal varices.
c. For gastric varices with acute bleeding, endoscopic variceal obturation with tissue adhesives (e.g. cyanoacrylate) is effective.
C. Transjugular intrahepatic portosystemic shunt (TIPS)
This is a radiological procedure, connecting the portal and hepatic veins using a stent. The purpose of TIPS is to decompress the portal venous system to prevent rebleeding from varices or to reduce the formation of ascites.
D. Surgical procedures
a. Surgical portosystemic shunts:
b. Devascularization procedures:
c. Treatment of rectal varices
3. Keep bones and body strong
Bone marrow produces our blood. Eat foods rich in calcium like yogurt, cheese, milk, and dark green vegetables. Eat foods rich in Vitamin D, like eggs, fatty fish, cereal, and fortified milk. Eat food rich in Vitamins B and C such as green vegetables and fruits. Zinc and other minerals are important to the body.
4. Get enough rest and Sleep. Avoid stress and tension.
5. Exercise and stay active. It is best to do weight-bearing exercise such as walking, jogging, stair climbing, dancing, or lifting weights for 2-3 hours a week. One way to do this is to be active 30 minutes a day at least 5 days a week. Begin slowly especially if a person has not been active.
6. Do not drink more than 2 alcohol drinks a day for a man or 1 alcohol drink a day for a woman. Alcohol use also increases the chance of falling and breaking a bone. Alcohol can affect the neurons and brain cells.
7. Stop or do not begin

smoking. It also interferes with blood supply and healing. Chapter 1 Portal hypertension Portal hypertension refers to abnormally high pressure in the hepatic portal vein. It is defined as a portal pressure of 12 mm Hg or more (compared with the normal 5-10 mm Hg). Cirrhosis is a common cause. Causes of portal hypertension: a. Prehepatic - blockage of the portal vein before the liver. Congenital atresia or stenosis. ii. Portal-vein thrombosis (umbilical and portal sepsis, malignancy, hypercoagulable states, pancreatitis) iii. Splenic vein thrombosis. b. Hepatic. i. Cirrhosis. ii. Chronic hepatitis iii. Schistosomiasis

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