



Ask the Experts Patient Education Program

Understanding the Progression of Liver Disease: Fibrosis

J. Clint Stanfill, MD
April 24, 2018

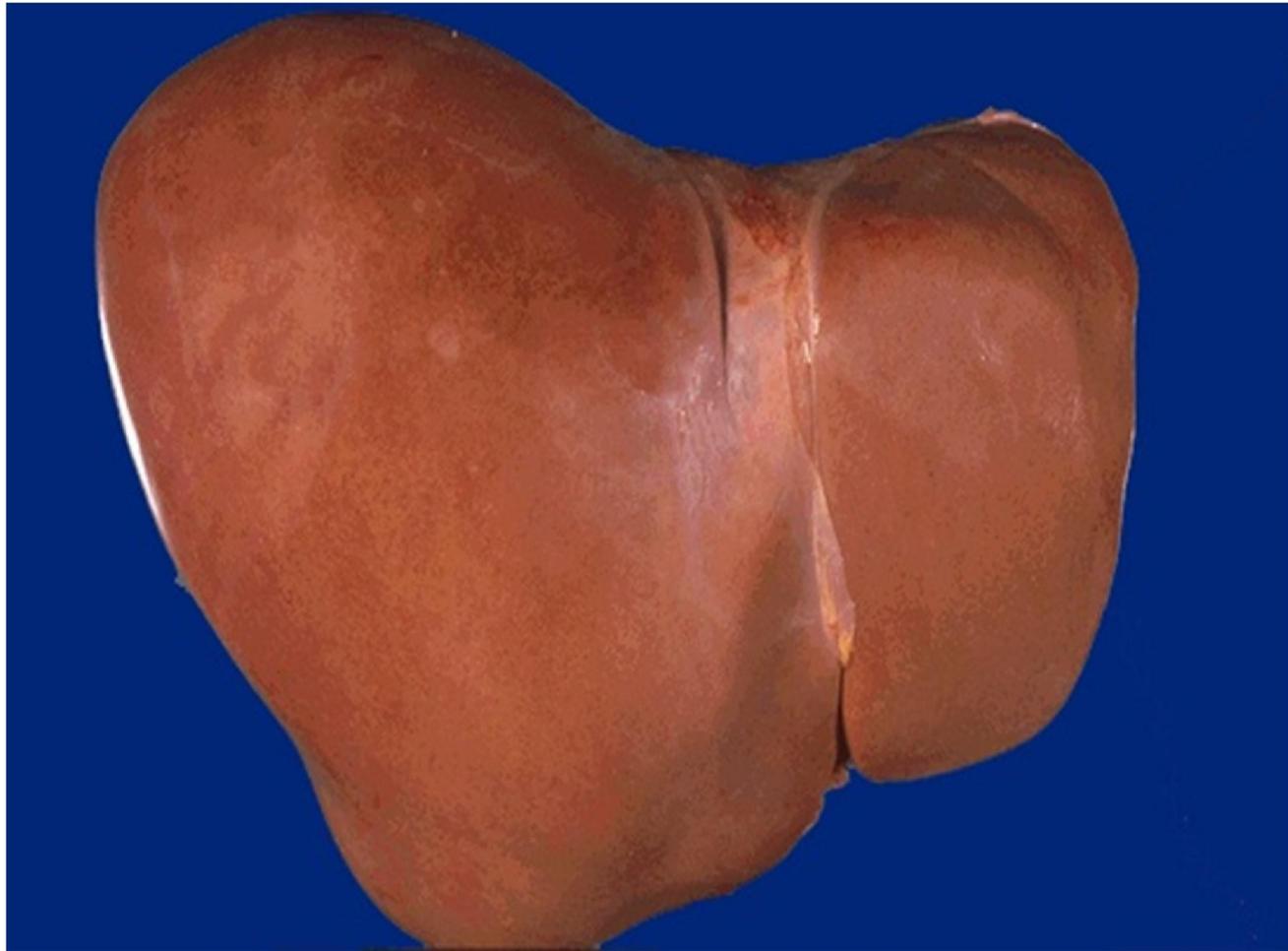


Fibrosis

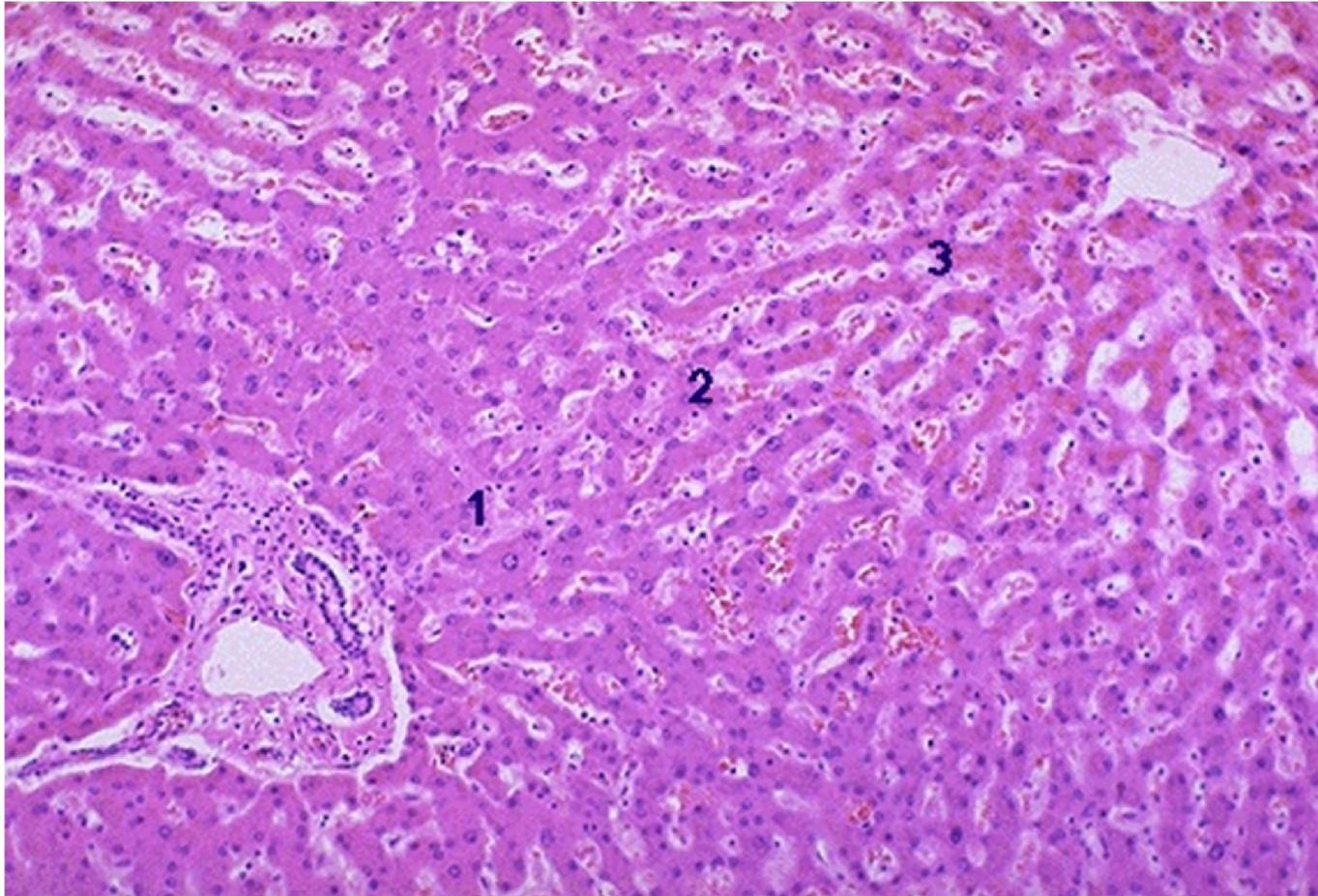
- replacement of normal liver
- reactive phenomenon
- “stronger”
- has NO function of normal liver cells



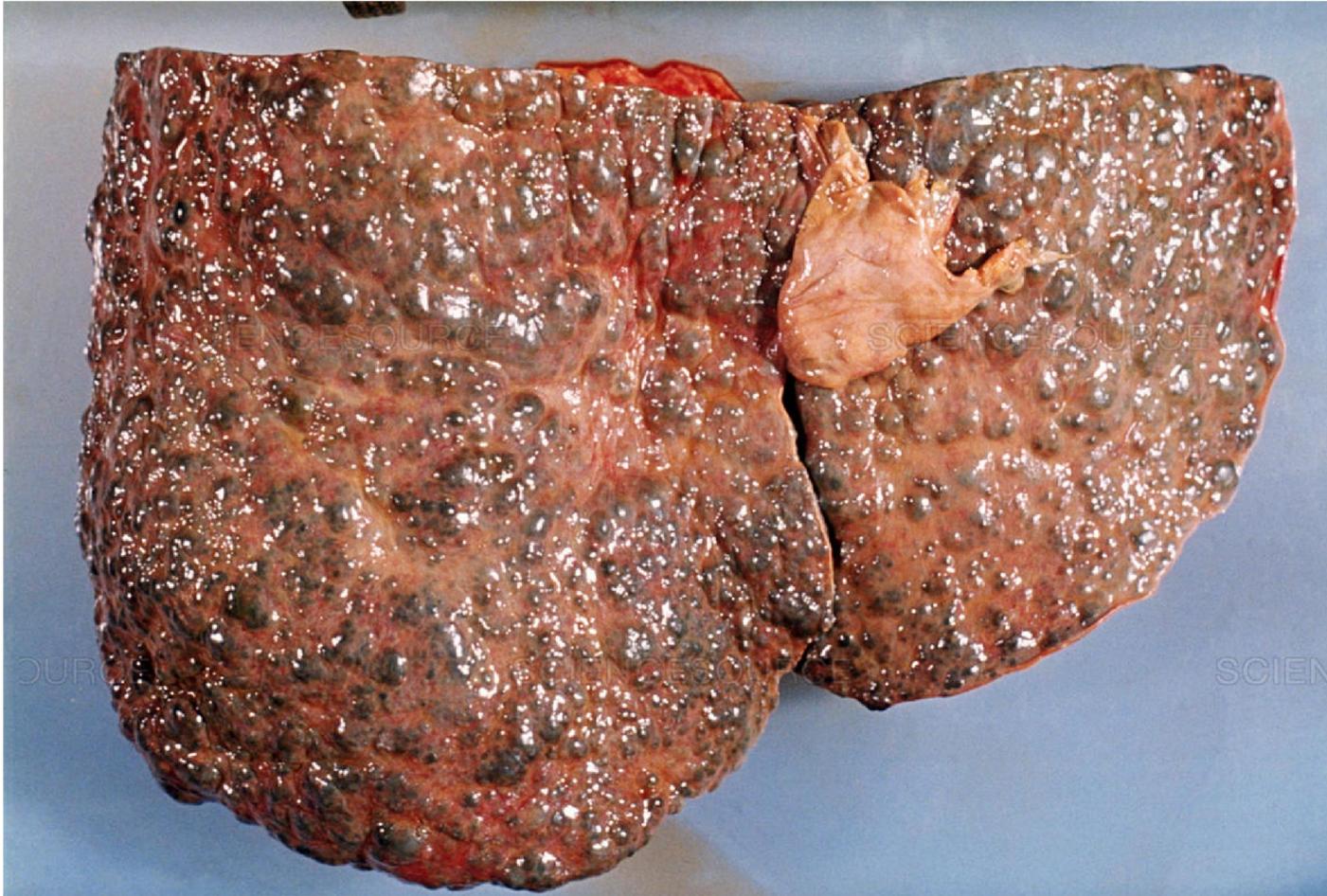
Normal liver



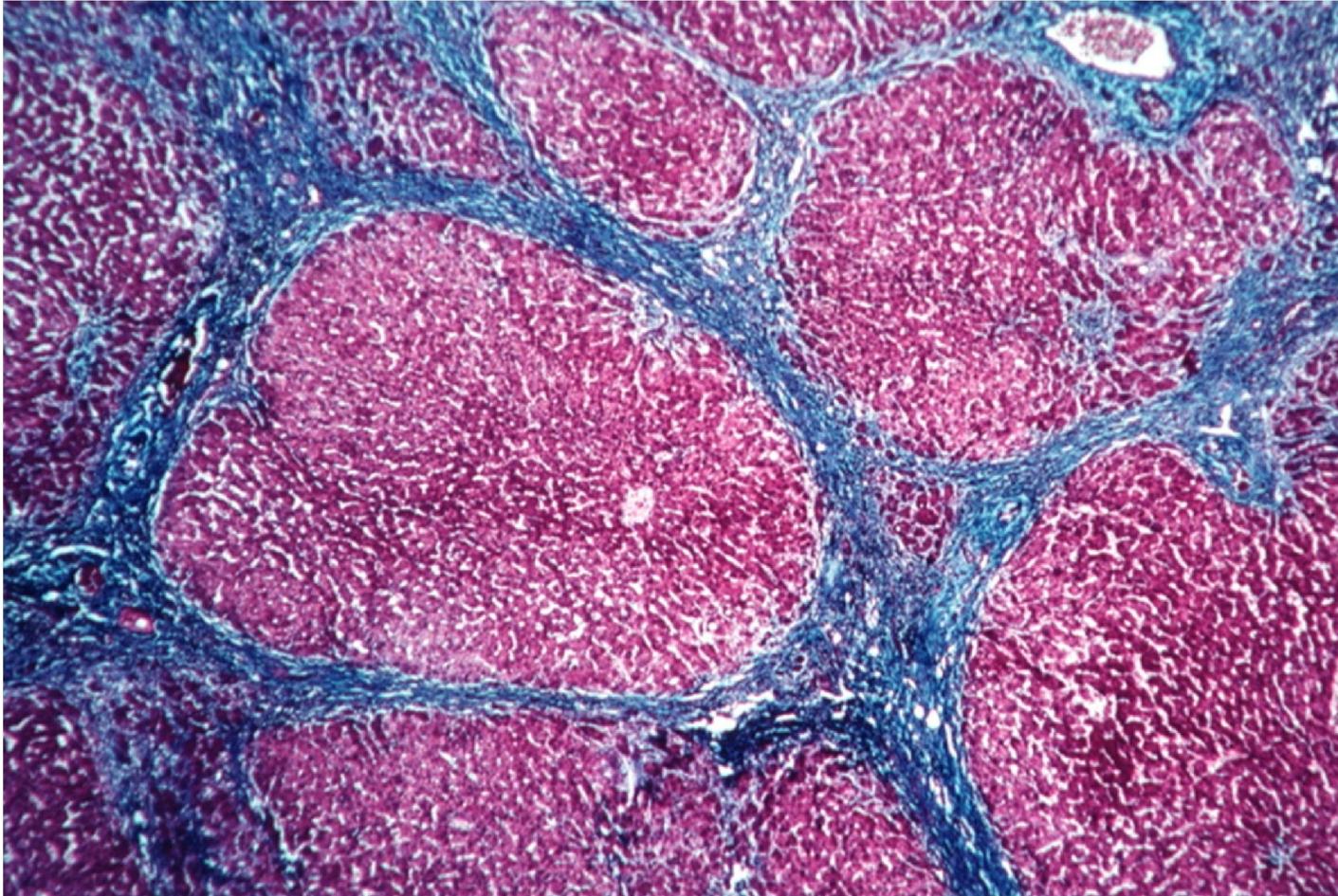
Normal Liver Histology



Cirrhosis



Cirrhosis Histology



Causes of fibrosis

- Alcohol related liver disease
- Viral hepatitis
 - Hepatitis B, C, D
- Nonalcoholic fatty liver disease
- Autoimmune hepatitis
- Bile duct disease/damage
 - Gallstones
 - Primary sclerosing cholangitis/Primary biliary cirrhosis
- Drug induced liver injury



Factors that may hasten fibrosis

- Presence of two or more of the previous factors
- Alcohol or illicit drugs
- Tobacco smoking
- Elevated body mass index (BMI)
- High fat diet

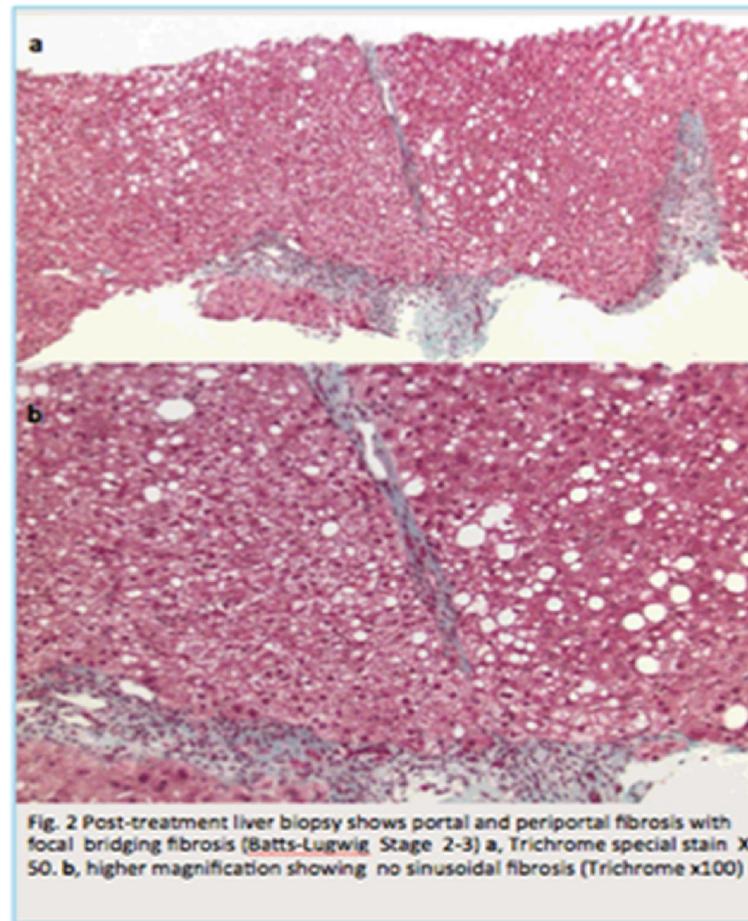
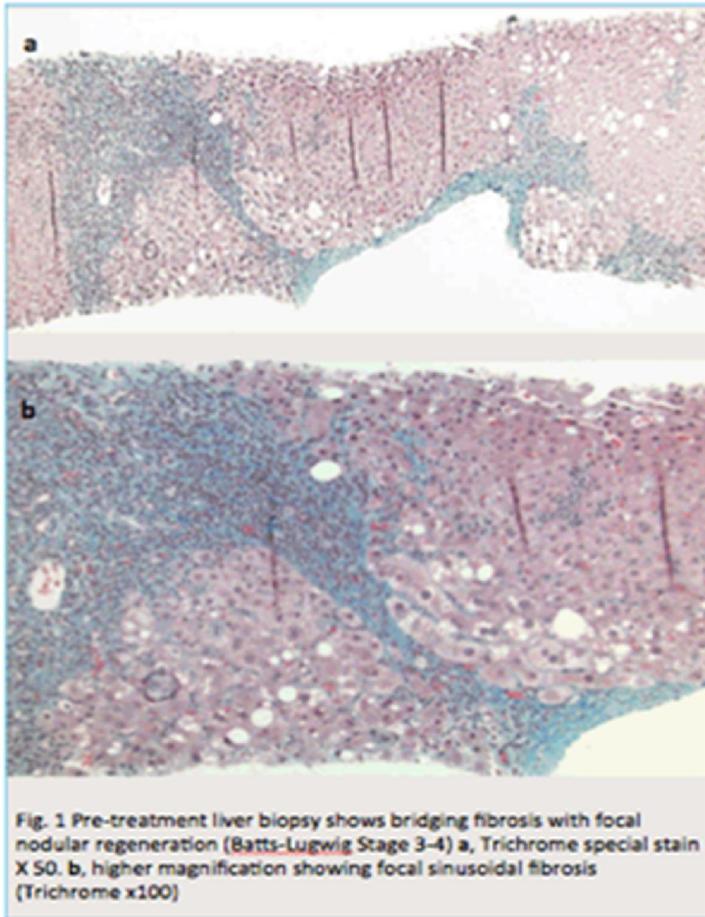


Fibrosis is forever

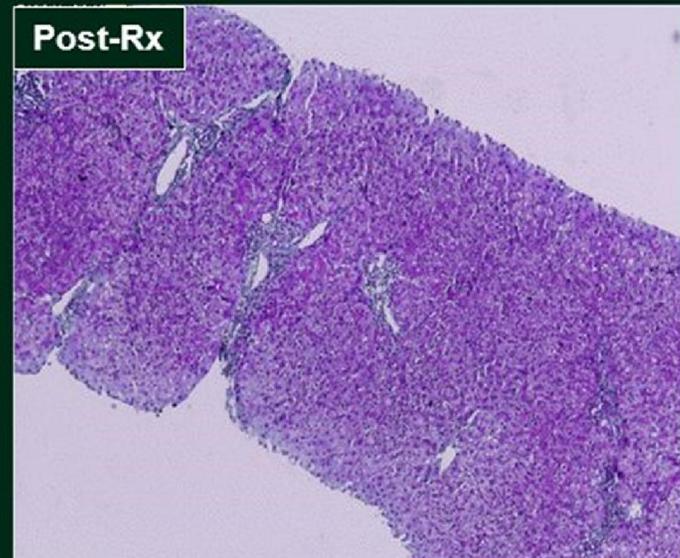
- NO
- Conventional wisdom has been fibrosis/cirrhosis is irreversible
- Multiple animal models/clinical trials show improvement
- Regression of fibrosis may be MARKED
- Never COMPLETELY normal, small changes remain



Improvement in fibrosis following clinical cure of Hepatitis C



Histologic Improvement in Cirrhosis: 3 Years of Lamivudine Therapy

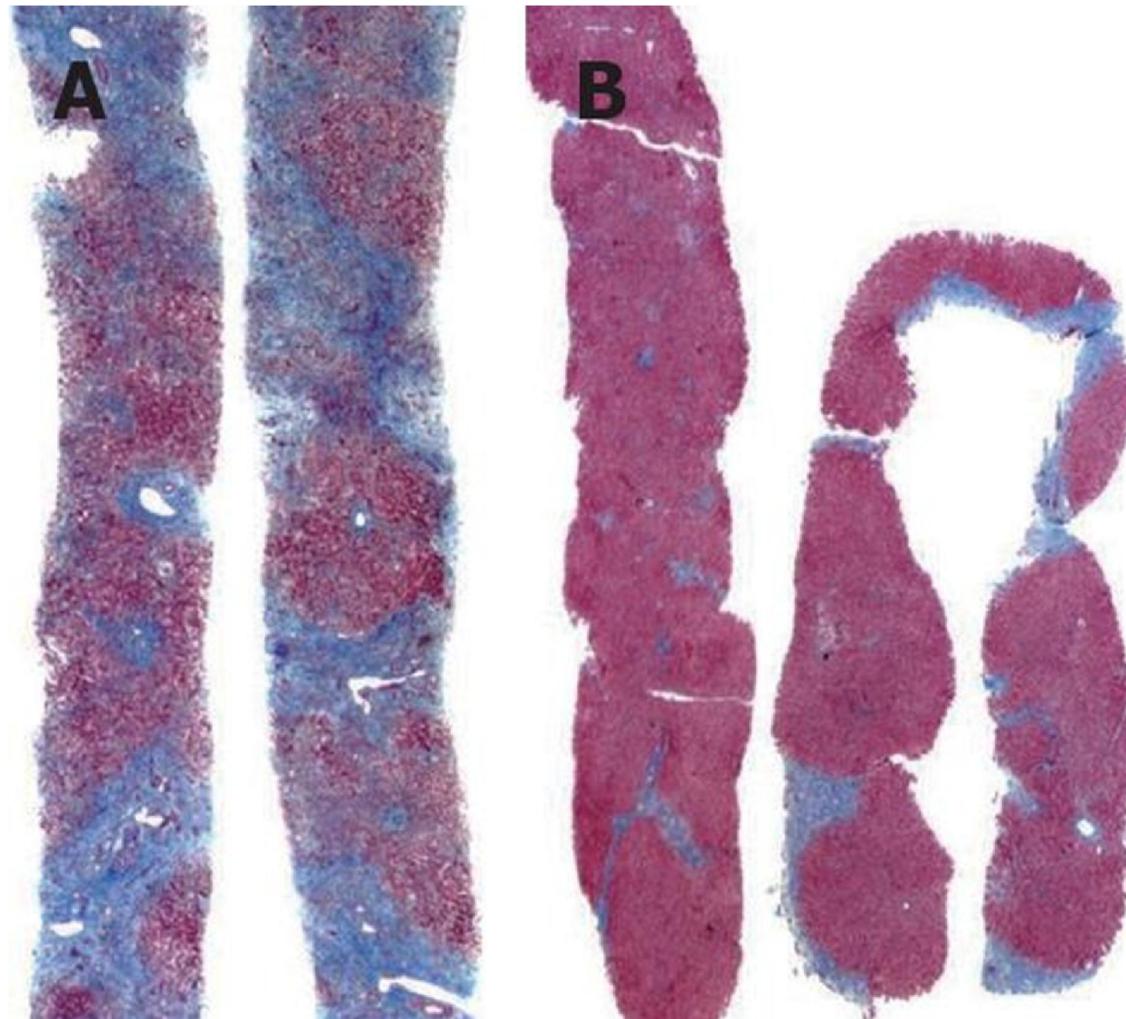


Wild-Type HBV

clinicaloptions.com/hep



Primary sclerosis cholangitis following bile duct stenting



Managing fibrosis from YOUR perspective

- Appropriate diagnosis
- Treatment regimen
 - COMPLIANCE
- Avoiding additional risk factors for progression
 - Maintenance of healthy lifestyle factors





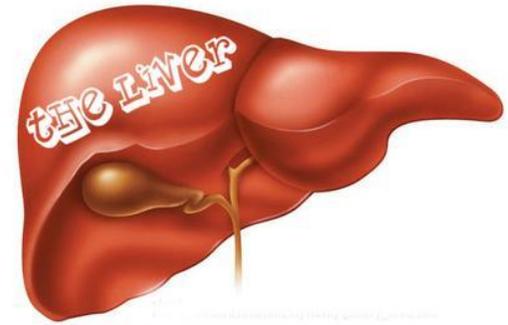
Ask the Experts Patient Education Program

Coping with Hepatic Encephalopathy

Carlos Romero-Marrero MD
Chief of Hepatology
April 24, 2018



•Hepatic Encephalopathy



- Hepatic Encephalopathy (HE) is caused by the liver not being able to filter out toxins. These toxins remain in your blood stream reaching your brain causing mild to severe confusion.

- HE symptoms can start out slowly, so it's important to catch them before they become severe.



•Educational Goals

- Eliminating causes of HE



- Understanding Medications



- Proper Nutrition



•Why do I get hepatic encephalopathy?



•Why do I develop HE?

- Constipation
- Dehydration
- Fluid buildup
- Use of alcohol or certain medications
- Poorly controlled diabetes
- Infection or bleeding related to liver disease



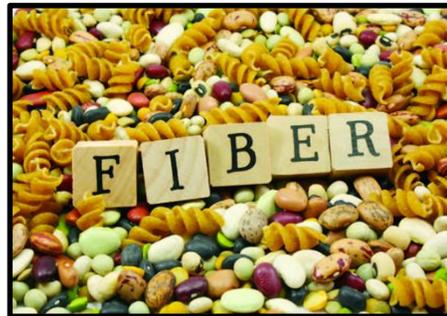
•Prevent constipation:

- Take lactulose as prescribed

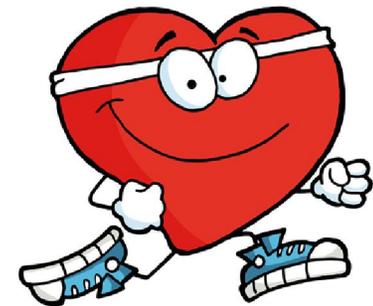


- Aim for 3-4 BMs per day

- Eat foods with fiber



- Exercise!



•Prevent dehydration:

- 4 BMs maximum per day
- Hydrate with 8 glasses of water per day
UNLESS on a fluid restriction



•Prevent fluid buildup

- Take diuretics as prescribed
- Keep track of your daily weights
- Manage your ascites by keeping paracentesis appointments



•Prevent fluid buildup

Eat a diet low in sodium



Avoid processed foods

Choose fresh options



•Avoid alcohol & certain medications

- Avoid alcohol use



- Avoid opioid pain medications

(oxycodone, percocet, morphine, dilaudid)



- Avoid anti-anxiety or sleep medications

(xanax, klonopin, valium, ativan, ambien)



- Ask your liver doctor about safe alternatives



•Be in control of your diabetes!

- Minimize sugary foods and carbohydrates
- Monitor your blood sugars
- Take your insulin or diabetes medications as prescribed

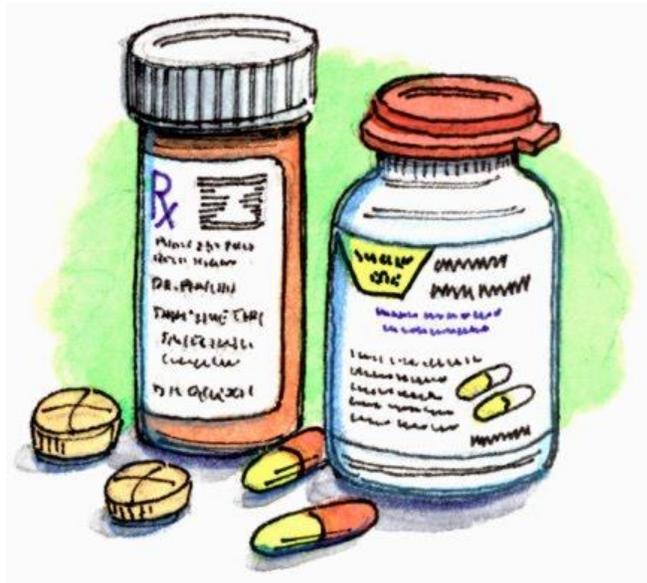


•Beware of infection or bleeding:

- Look for signs of infection (fever and chills)
- Take antibiotics as prescribed
- Look for signs of bleeding
- Keep your endoscopy appointments



•Medications



- Lactulose
- Rifaximin
- Zinc

•Lactulose

The first line of defense against HE

- Decreases toxins (ammonia) = Decreases confusion (HE)
- Daily goal: 3-4 semi-formed BMs a day
- Side effects: diarrhea, bloating



•Reaching your daily goal

- Titration: to take more or less than the prescribed dose of lactulose to achieve 3-4 semi-formed bowel movements a day



Daily Bowel Movement Guide

<input type="checkbox"/> 1 <input type="checkbox"/> 2	Good start! Keep going!
<input type="checkbox"/> 3 <input type="checkbox"/> 4	You have reached your goal for today! Keep taking your lactulose the way you have been.
<input type="checkbox"/> 5 <input type="checkbox"/> 6	Stop taking lactulose for today. You have had enough BMs today.
<input type="checkbox"/> 7 <input type="checkbox"/> 8+	Danger! Contact your liver doctor to reevaluate dosing of lactulose.

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health care provider for advice about a specific medical condition.
© The Cleveland Clinic Foundation 2015 Index # 15856

• Things to remember

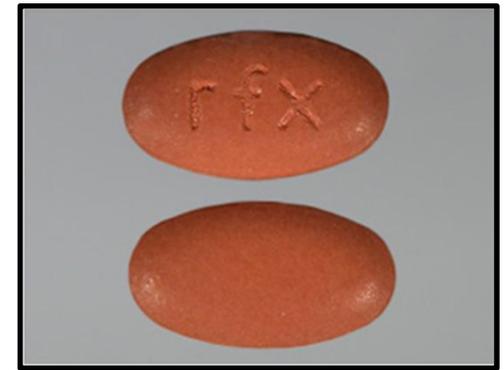


- Take lactulose as prescribed even when not eating.
- Lactulose can be mixed with water, juice, or applesauce.



Rifaximin

- Antibiotic that acts on your stomach
- Prevents buildup of ammonia
- Taken on a daily basis regardless of confusion
- Can cause diarrhea or red urine



•Zinc

- Improves overall nutrition
- Needed for the body to break down ammonia
- Take with a meal
- Can cause constipation



•Nutrition



•Protein



- Essential for the body
- Used to build and repair tissue
- Can be used for energy



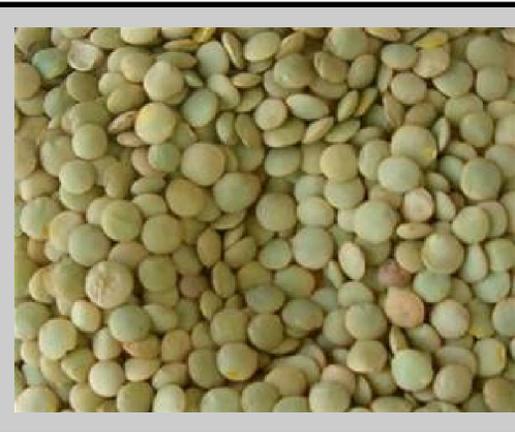
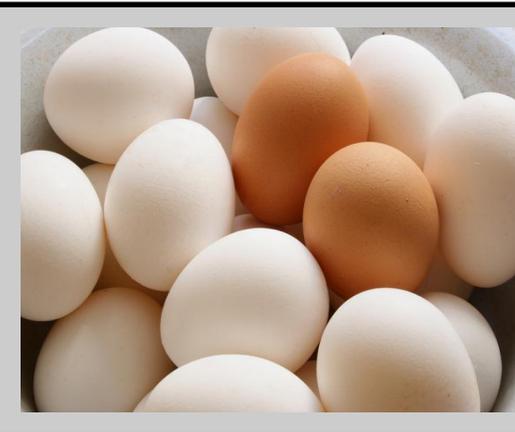
CHICKEN



TURKEY



FISH



MILK

EGGS

LENTILS





Use food labels to determine the amount of protein you are eating each day



.Snacking is important



**Snack
(mid morning)**

**Snack
(mid- afternoon)**



**Snack
(before bedtime)**



TIME	MEAL
7:30 AM-8:00 AM	BREAKFAST
10:00 AM-11:00 AM	SNACK
1:00 PM-1:30 PM	LUNCH
3:30 PM-4:00 PM	SNACK
6:00-6:30 PM	DINNER
9:30PM-10:00 PM	SNACK





Ask the Experts Patient Education Program

Liver Cancer

Meelie DebRoy, MD FACS
April 24, 2018



•Liver Cancer

- Most common type of liver cancer – hepatocellular carcinoma (HCC)
- Other types (less common) – cholangiocarcinoma, hepatoblastoma
- Does not include cancers that have spread from other areas of the body – colon, breast, lung



•Liver Cancer - Symptoms

- Most people do not have any symptoms in the early stages
- Some include:
 - Losing weight without trying
 - Loss of appetite
 - Nausea/ vomiting
 - Weakness/ being tired
 - Yellow discoloration of your skin/white of your eyes



•Liver Cancer – Risk Factors

- Chronic Hepatitis B/Hepatitis C infection
- Cirrhosis – irreversible scarring of the liver
- Inherited liver diseases – hemochromatosis, Wilson’s disease
- Fatty liver disease – alcoholic or non-alcoholic (associated with Diabetes)
- Toxins - aflatoxins



•Liver Cancer - Screening

- No benefit for screening in the general population (no h/o liver disease)
- High-risk patients –
 - Hepatitis B
 - Hepatitis C and liver cirrhosis
 - Primary Biliary Cirrhosis



•Liver Cancer – Screening/Diagnosis

- Blood testing – AFP (alpha-feto protein)
- Imaging – Ultrasound, CT scan or MRI
 - Usually done every 6-12 months
- Sample of liver tissue for testing - biopsy



•Liver Cancer - Treatment

- Surgery

- Surgery to remove the tumor – if extent of tumor and overall liver function is healthy enough to allow this
- Liver Transplantation – depends on the stage of the tumor. During liver transplantation, your diseased liver is removed and replaced with a healthy liver from a donor.



•Liver Cancer - Treatment

- Localized treatments

- Injecting chemotherapy directly into the tumors
- Placing beads filled with radiation into the tumor
- Radiofrequency ablation (RFA) – heating/destroying cancer cells using a thin needle inserted into your abdomen
- Cryoablation - freezing the cancer cells using a thin needle



•Liver Cancer

Chemotherapy – May slow or stop the spread of tumors, but do not cure them

Radiation therapy

- Uses high-energy X-rays to destroy cancer cells and shrink the tumor



•Liver Cancer - Support

- Be informed about your condition
- Talk to your family and friends
- Support groups in your area – ALF, National Cancer Institute, American Cancer Society
- Advance directives



•Liver Cancer - Preparing

- Questions for your doctor
 - Type of cancer, stage of cancer
 - Copy of Pathology report
 - Do I need more testing?
 - Treatment options?
 - Is there one treatment you would recommend over others?
 - Time to make a decision about treatment?
 - Second opinion?
 - Brochures, websites that you recommend?





Ask the Experts Patient Education Program

The Patient Perspective

Mindy Craft
April 24, 2018

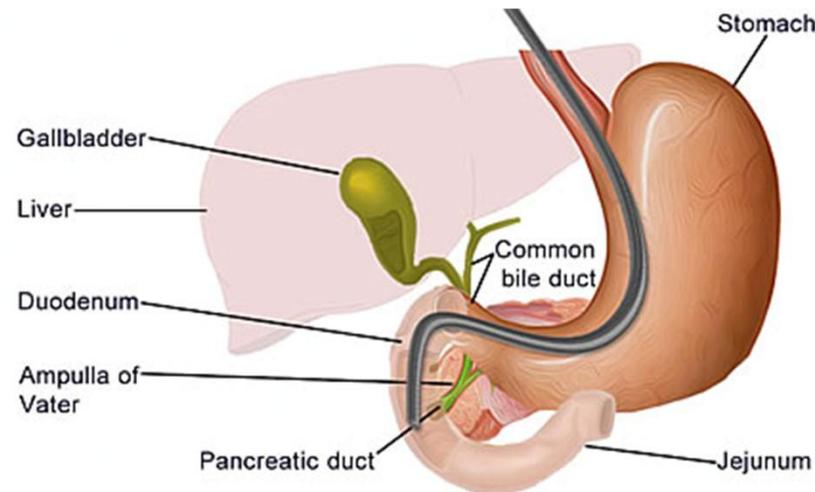


.An Unexpected Journey



•Primary Sclerosing Cholangitis

- Causes Shrinkage of the Bile Ducts
- Considered One of the 7000 Rare Diseases in the World
- Identified Through ERCP Procedure



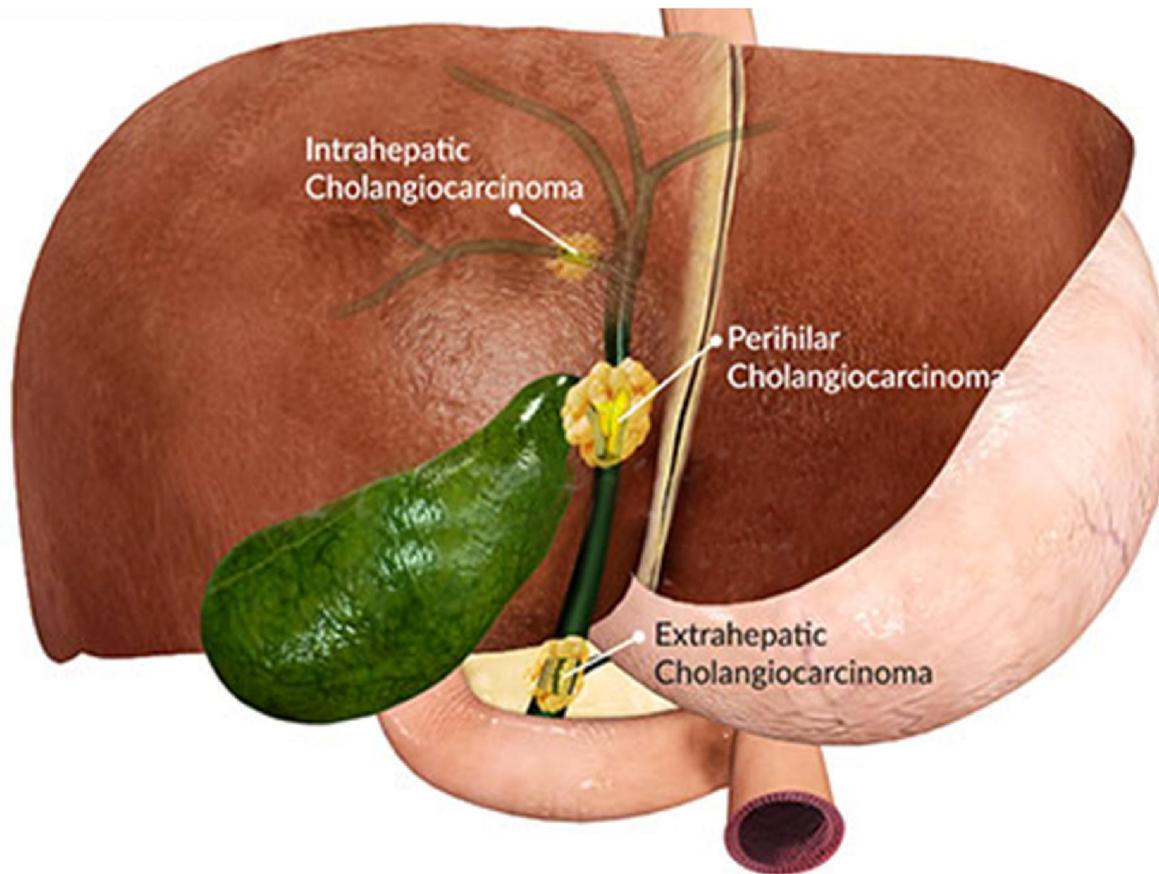
•Living with Liver Disease

- Symptoms
 - Fatigue
 - Jaundice
 - Pruritus (Severe Itching)
 - Cognitive Disorders
 - Cholangitis
- ERCP



.The Diagnosis

Cholangiocarcinoma



.The Treatment

Go Big or Go Home!

- Chemotherapy
- 4D Radiation
- Brachytherapy
 - Internal Radiation
- Liver Transplant



CARING BRIDGE.ORG



.My Living Donor (Karen Ciolek)



.Transplant Day

February 1, 2016



.My Army



Your Liver. Your Life.

"Ask the Experts" Patient Education Program

.Spend Liverversary Together

