

Common Procedures: Hepatology & Transplant Services

Diagnostic/Prognostic/Preventive			
Procedure	Logistics	Purpose	Special Considerations
Paracentesis	IR Procedure team Hepatologist (bedside or GI lab) <i>**Patient does NOT need to be NPO</i>	Removal of ascites Rule out intra-abdominal infection	The first ever para tells us the etiology of a patient's ascites Fluid should ALWAYS go to the lab unless otherwise stated If there are no orders, there probably should be! SEVERE pain is not normal – please report this
Thoracentesis	IR Procedure team <i>**Patient does NOT need to be NPO</i>	Removal of fluid from lungs	Risk of bleeding! Monitor closely Fluid should always be sent to the lab
Endoscopy (EGD)	Hepatologist (GI lab or bedside in ICU)	Surveillance for potential sources of bleeding Evaluate swallowing/digestive complaints Emergent control of active bleeding	Diet advancement after EGD is per hepatologist preference Unless study was completely normal – no hamburger just yet
Colonoscopy	Hepatologist	Evaluate constipation, diarrhea or GI bleeding Routine cancer screening Component of transplant evaluation	If there is no order for prep, someone forgot. Stool should be clear enough to read a newspaper through by morning An incomplete or forgotten prep ruins everyone's day – Report ASAP!
Liver Biopsy - Transjugular	IR – Access is right IJ	Evaluate liver tissue AND portal pressures	Used most often at first presentation of abnormal labs
Liver Biopsy - Percutaneous	IR Hepatologist (in GI lab)	Evaluate liver tissue only	Used often for staging of fibrosis or to assess for transplant rejection
MRCP (Magnetic resonance cholangiopancreatography)	MRI	Provided 3D pictures of the biliary system Aids in identification strictures/ filling defects	Patient must be able to follow instructions This is an MRI – Verify those implanted devices Remove pain and nicotine patches
ERCP (Endoscopic retrograde cholangiopancreatography)	GI Hepatologists	Relieves obstruction in the biliary tree which is often identified first by MRI/MRCP	Requires specialized training Patient may get a balloon sweep, plastic or metal stent or BOTH Risk of pancreatitis – Report severe pain immediately
TIPS (Transjugular intrahepatic portosystemic shunt)	IR	Helps manage symptoms of portal hypertension (ascites, varices) by reducing pressure in the liver	Risk of right heart failure – Watch for SOB and fluid retention Risk of worsening encephalopathy – Lactulose!
Blakemore Tube	Hepatologist	Emergent control of upper GI bleeding when visualization is poor	This will always be an ICU patient – kept sedated while device in place Requires documentation of NG and stool/melena output
Management of Hepatocellular Carcinoma			
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SIRT (Selective internal radioembolization therapy) Trade: Sir-Spheres/Y90	IR	Tiny glass or resin beads filled with radioactive isotope are injected into blood vessel feeding a tumor	Two-step process: Mapping of vasculature then return for beads Usually an outpatient procedure
Ethiodol/Lipiodol Embolization with Microwave Ablation		Special contrast injected into artery supplying a tumor to highlight its margins. Ablation is performed the following day	Two-step process: Pain control? Tolerating diet? Labs OK? Are they out of bed?