

2nd International Conference on Gastroenterology and Liver

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Effect of Implementing Teaching Program on Nurses Knowledge, Practice Score And Response Time Related To Management Of Upper Gi Bleeding Among Chronic Liver Disease Patients

Prakash Shashi

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Introduction: Emergency handling is philosophy, which is 'Time saving is Live Saving'. Nurses are responsible to assess patients systematically. Nurses' knowledge and practice of principles related to assessment for critically ill patients constitute the core and essential elements of controlling the complex experiences. The study aim was to find out the effectiveness of a planned teaching program in improving the knowledge, practice score and decreasing nurses practice response time in the management of upper GI bleeding among CLD patients visiting Emergency Room.

Method: One group pre-test post-test design was used with sampling techniques total Enumeration. Informed written consent was taken from the nurses. A structured observation checklist and questionnaire were used for data collection. The collected data was analysed by using descriptive statistics and inferential statistics. Frequency and percentage distribution was used for demographic variables and domain wise knowledge and practice score. Paired t-test for assessing nurses' practice score and practice response time on management of upper GI bleeding. Kruskal-Wallis H Test and Mann Whitney U Test was used.

Result implied that: there was plainly improvement in nurses' knowledge, practice score and reduction in response time, as well as, knowledge score was significantly associated with working experience in emergency room 0.01 at significance of $p < 0.05$ level.

Conclusion: revealed that the nurses had poor to average knowledge and practice score. The teaching program was found to be effective in enhancing the nurses' knowledge, practice score and reduction in response time as regards to the management of upper GI bleeding.

Biography

Mr. Shashi Prakash "M.Sc. Nursing (Gastroenterology), Institute of Liver and Biliary Sciences, New Delhi. Presently working as a Nursing Tutor & Media Coordinator (Agra Zone, Uttar Pradesh Branch, NTAI) Govt. College of Nursing, S. N. Medical College, Agra. Uttar Pradesh, India. He has 3 years of teaching and research experience in the field of Nursing.

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Emergency Room Nurses Practice Related To Management of Upper Gi Bleeding Among Chronic Liver Disease Patients: An Observational Study

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Introduction: Emergency handling is philosophy, which is 'Time saving is Live Saving'. This is vital of the condition that patients can lose their lives just in minutes. One indicator of the success for managing medicinal emergency patients is the speed of providing adequate assistance to emergency patients in emergency room. Upper gastrointestinal bleeding (UGIB) is potentially life-threatening abdominal emergency that remains a common cause of hospitalization and is defined as haemorrhage that involves the mouth to the duodenum proximal to the ligament of teritz (Cerulli & Geibel, 2016; Tielleman, Bujanda & Cryer, 2015).

Method: A structured observation checklist was used in the study. This phase used a nonparticipant observer role to observe emergency room nurses in their natural setting undertaking emergency care and responsibilities. One observer, using a tool and reflective journal, collected data on participant interactions, processes and practices on emergency room nurses over 14 days including 35 events of observation (total 334 hr: 50 min) in emergency room. Data analysis used descriptive statistics.

Result: 8.57% had satisfactory, 91.43% non-satisfactory practice. Emergency room nurses had a varied and unpredictable workload, including Shortage of nursing staff and high number of patients visiting the emergency room.

Conclusion: The nurses had poor to average practice. Shortage of nursing staff and high number of patients visiting the emergency room were identified as factors affecting the practice. Further research into this role is required, including linking efficacy with experience of nurses, impact the role has on patient safety, and patient and family perceptions of the role.

Biography

Mr. Shashi Prakash "M.Sc. Nursing (Gastroenterology), Institute of Liver and Biliary Sciences, New Delhi. Presently working as a Nursing Tutor & Media Coordinator (Agra Zone, Uttar Pradesh Branch, NTAI) Govt. College of Nursing, S. N. Medical College, Agra. Uttar Pradesh, India. He has 3 years of teaching and research experience in the field of Nursing.

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A salutogenic approach to managing Irritable Bowel Syndrome: exploring the efficacy of the FODMAP diet to revive patients' Quality of Life

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IBS is a multifactorial, heterogeneous, debilitating, complex, chronic disorder of heterogeneous pathogenesis and clinical phenotype, and the most prevalent Functional Gastrointestinal Disorders (FGIDs). Foods are considered as possible etiopathogenetic or exacerbating factors of IBS. Hence, an increasing number of IBS-patients have attempted dietary therapy for the treatment and control of GI-symptoms and for enhancing their quality of life (QOL). The LOW-FODMAP diet (LFD) is a novel, adjuvant dietary therapy for IBS for the treatment of IBS. The purpose of this paper is to critically review the scientific evidence on the efficacy of the LFD as a dietary therapy for improvement of GI-symptoms and QOL. The scientific evidence from a range of retrospective, prospective, uncontrolled and controlled observational cohort studies and clinical trials from multiple centres around the world demonstrate the clinical efficacy and putative mechanisms of the LFD as a dietary therapy for improvement of GI-symptoms and QOL. We contend that a 'Salutogenic integrative, holistic, patient-centred approach to the treatment of IBS, applying the LFD as personalized precision-nutrition therapy, provides IBS-patients direction towards GI-symptoms control and QOL. Further research is pertinent to fill current gaps in knowledge on the effects of the LFD on GI-symptoms type, severity and frequency, nutritional adequacy, altered gut microbiota composition, colonic health and QOL. This will allow for making robust inferences about the long-term risk and safety of the LFD as a personalized precision-nutrition dietary therapy for IBS-patients.

Biography

Dr. Reimara (PhD) has over 10 years of teaching and research experience in the field of HRM, Wellbeing, Global Mobility, and International Business. Dr. Valk has worked for various educational institutes in the Netherlands, India, China, Iraq and Malaysia either as a Faculty member or Visiting Professor. Currently, Dr. Reimara is pursuing a Global Online MSc. Degree in Food Science & Innovation at Manchester Metropolitan University, United Kingdom.

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Recurrence of idiopathic portal hypertension after liver transplantation with portal vein thrombosis and splenectomy: a case report

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Idiopathic portal hypertension (IPH) is a rare disease characterized by clinical portal hypertension in the absence of a recognizable cause and has a good prognosis, but some cases require liver transplantation. We report the case of a 32-year-old male patient diagnosed with IPH 10 years ago. Clinical signs were splenomegaly, leuc thrombocytopenia, and esophageal varices. The histology of the liver biopsy showed portal fibrosis with no evidence of incomplete septal cirrhosis. Due to recurrent episodes of bleeding from esophageal varices, despite band-ligations and performed TIPS procedure, cadaveric liver transplantation was performed 6 years ago. Following liver transplantation, the esophageal varices disappeared but splenomegaly and low blood cells leuc thrombocytopenia persisted. The immunosuppression composed of prednisolon, tacrolimus. After 3 years increase in portal vein diameter, which reached over 4 in 2022 with the recurrence of esophageal varices, in December there was a thrombosis of the portal vein, complicated by ascites and bleeding. Anticoagulant therapy for 3 months was unsuccessful. In April 2023, the patient underwent splenectomy. Histopathologically, the liver had obliterative portal venopathy, nodular regenerative hyperplasia, and incomplete septal cirrhosis. Liver transplantation may be a curative therapy for patients with advanced disease of IPH but the long-term follow-up after transplantation and we need more information on the benefits of one-stage splenectomy during transplantation.

Biography

Aibar Aginbay has been working in the department of hepatology since 2019. During this short time he have seen patients with various liver pathologies, and patients with idiopathic portal hypertension, remains a separate cohort of patients, outwardly indistinguishable from healthy people, but having colossal changes inside. This patient has been seen in his hospital for a long time, and he witnessed his CT picture during that time. After splenectomy they decided to publish this case.

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Hepatitis B: Correlation of Precore/Core Gene Mutations With Serological Profiles Of Patients Co-Infected With Human Immunodeficiency Virus-1 In Kwazulu-Natal, South Africa

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Hepatitis B virus (HBV) is a major global public health concern. Hepatitis B virus was discovered in 1965, and is a small DNA virus that infects hepatocytes of humans. Despite the HBV vaccine being included in the EPI schedule and availability of effective treatment, over 1.9 million people are chronically infected with HBV in South Africa. Investigation at a molecular or sequence level can help determine and characterise the various combinations of mutations underlying serological abnormalities. This study aimed to identify mutational changes within the Precore/Core region of HBV, and investigate their impact on the serological profiles of HBV/HIV co-infected patients in the province of KwaZulu-Natal, South Africa. This study made the assumption that Core gene mutations have an effect on serological profiles of patients, and therefore treatment for these patients may be affected. This was a cross-sectional analysis of prospectively collected data conducted in a tertiary/quaternary hospital (Inkosi Albert Luthuli Central Hospital, Durban), KwaZulu-Natal province, South Africa. One hundred and fifty South Africa participants were enrolled, and were infected with HIV and co-infected with HBV. Plasma samples were obtained from all participants for serological and molecular testing, respectively. PreCore/Core gene PCR products were sequenced using Next Generation Sequencing platform. Serological analysis of the patients reflects that there is a correlation between the serological profiles of the patients and the mutations observed in the preCore/Core region. Interpretation of the serological markers reveals that some patients have a typical clinical picture of HBV infection, while others show a deviation to the normal HBV infection clinical picture. Hepatitis B virus infections can persist for years or even decades. Thus, mutations accumulate and become clinically significant. Mutations of HBV have frequently been described, and certain mutations may have serious implications at different levels.

Biography

Peter Matsapola is an accomplished Scientist with a diverse background in virology, specifically focusing on hepatitis B virus (HBV) research, diagnostic techniques, and enteric and environmental research. With an unwavering passion for understanding infectious diseases and their impact on public health, Peter Matsapola has made significant contributions to the field through his extensive research and expertise.

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