Assessment of Knowledge and Perception of the Patients with Hepatic Disorders as Regard to their Illness, Image and Care

Thesis

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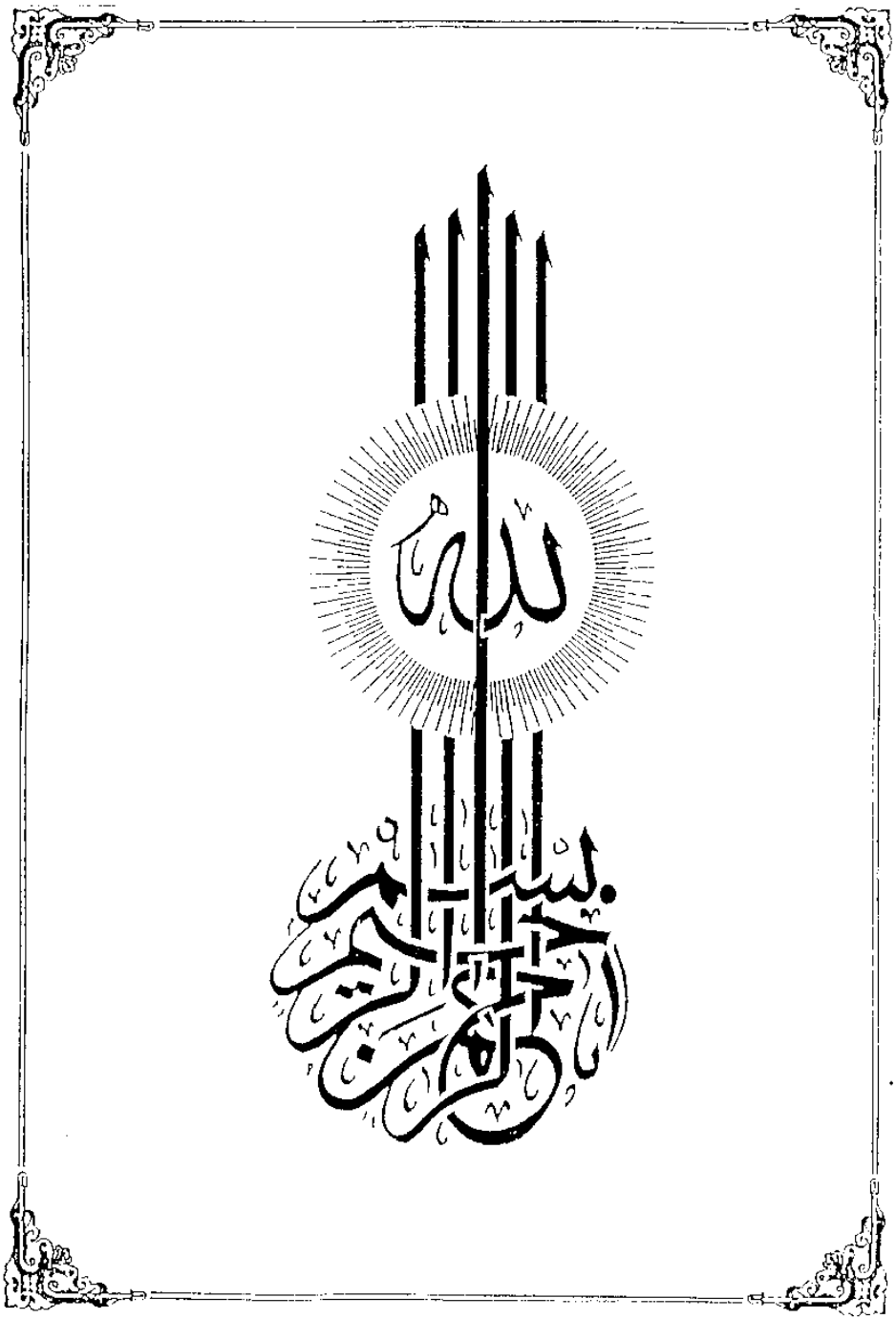

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The Candidate

Wafaa

CONTENTS

LIST OF TABLES: PAGE

LIST OF ABBREVIATIONS:-

* D.F. : Degree of Freedom.
* HBsAg : Hepatitis B surface Antigen.
* I.S.G. : Immune Serum Globulin.
* N.S. : Not Significant.
* S. : Significant.
* S.D. : Standard Deviation.
* S.G.O.T. : Serum glutamic oxalacetic transaminase.
* S.G.P.T. : Serum glutamic pyruvic transaminase.
* T_3 : Tri Iodo Thyronin Hormone.
* T_4 : Thyroxine Hormone.
* V.H.S. : Very highly significance.
* $\tilde{X}$: Mean.
* $\tilde{X}^2$: Chi square.

Introduction

INTRODUCTION

The liver- the largest vital metabolic organ in the body - could be considered as a chemical factory that manufactures, accumulates, exchanges and excretes a large number of substances involved in body metabolism (**Brunner et al., 1984, Winwood and Smith, 1985**).

According to **Weiss (1984)** the liver is essential to life the mammals can survive after subtotal hepatectomy mainly because the liver cells have extra ordinary regenerative powers and capacity to tolerate the increased metabolic demands.

Liver diseases affect the patients' physical and psychological characteristics and hence hepatic diseases have certain features which affect the patients' organs as the skin, the face, the abdomen and the limbs. All these conditions could affect the patient's perception of himself, (**El Zayadi, 1988**).

Given (1984) stated that in early liver diseases the patient who doesn't have multiple complications needs continued medical attention and should understand the importance of health care. He should be aware of

beginning of complications, so that early medical attention can be obtained, nursing care should be centered around conserving the strength of the patient. The patient must recognize the importance of well balanced nutritious diet in the therapeutic regimen.

Review of Literature

REVIEW OF LITERATURE

The literature review will be presented under these main headings.

ANATOMY AND PHYSIOLOGY OF THE LIVER

The liver is the largest organ in the body, it's weight is between 1.0:2.5 kgm and it is heavier in the male than female. It is a wedge shaped organ lying immediately below the diaphragm in the right hypochondrium and epigastrium. The liver is described as having right and left lobes and superior, inferior, anterior and posterior surfaces (**Winwood and Smith, 1985**).

It's upper and anterior surfaces are smooth and curved to fit the under surface of the diaphragm, it's posterior surface is irregular in out line (**Ross and Wilson, 1975**).

The liver is composed of approximately one million lobular units. The portal vein carrying blood that has already passed through the capillary beds of the alimentary tract, spleen and pancreas, brings approximately 75% of the afferent blood volume to the liver, this blood is rich in nutrients and other absorbed substances but relatively poor in oxygen. The hepatic artery, a branch of the celiac trunk carrying well

oxygenated blood, supplies the remaining blood to the liver (**Weiss, 1984**).

Beland (1981) mentioned that the liver has four main components: blood vessels, reticulo endo thelial kupffer's cells, parenchymal cells, and the biliary channels. The liver receives over 25% of the cardiac output.

According to **Winwood and Smith (1985)** the liver performs a variety of different functions which include secretions of bile, storage of glycogen, metabolism of fats, deamination of amino acids, production of plasma proteins, storage of vitamines, production of clotting factors, production of heat and detoxification.

Gregory (1984) pointed that the liver plays a key role in the regulation of energy production, it supplies substrates and removes end products of intermediary metabolism of carbohydrates, fats, and proteins and is rich with the enzymes catalyzing biochemical oxidations. The liver contains kupffer's cells which has an important role in the defense mechanism of the body.

Weiss (1984) considered the functions of the liver acting both as an exocrine and endocrine gland which are able to convert substances into more active forms as T_4 to T_3, storage of blood, act as a site of haematopoiesis and finally the liver acts as a filter for foreign particulate matter.

COMMON HEPATIC DISORDERS

In our country the liver is affected in about 60% of population in rural areas mostly due to bilharziasis and/or viral hepatitis (**El Zayadi, 1988**).

Liver dysfunction results from degeneration of the liver parenchymal cells either directly from primary liver diseases or indirectly due to an obstruction of the bile flow in the hepatic circulation (**Brunner, 1984**).

Gillespie (1983) divided liver diseases into diffuse and focal types.

The liver can be affected by a number of disease processes. Many of these can be highly in capacitating and they are very difficult to be diagnosed or even treated. (**Juneau, 1980**).