بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأفلام قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار

في درجة حرارة من ١٥-٥٠ مئوية ورطوية نسبية من ٢٠-٠٠%. To be Kept away from Dust in Dry Cool place of 15-25- c and relative humidity 20-40%

بعض الوثائـــق الأصليــة تالفـه

بالرسالة صفحات لم ترد بالاصل

STUDY OF SOME METABOLIC, HAEMOTOLOGIC, BLOOD COAGULATION AND RESPIRATORY CHANGES DURING AND AFTER MAJOR HEPATOBILIARY SURGERY

THESIS

SUBMITTED TO THE FACULTY OF MEDICINE,
UNIVERSITY OF MENOFIYA
IN THE PARTIAL FULFILLMENT OF THE REQUIREMENTS
OF THE DEGREE OF
DOCTOR OF ANAESTHESIOLOGY

By

Abdel Monem Mahmoud Mohamed

(M.B.B.Ch. Alex., M.M. Anaesth. Alex.)

Assistant Lecturer Of Anaesthesia Liver Institute University Of Menofiya

SUPERVISORS

Prof. Dr. Ahmed Abass Raouf
Dean of the Liver Institute
Professor and Head of
Biochemistry Department,
University Of Menofiya

Prof. Dr. Hassan Zaid Moustafa
Professor of Anaesthesia,
Faculty of Medicine,
University of Alexandria.

DEP

Dr. Omar Abdel Aleem Omar
Head of Department of Anaesthesia and ICU
and Assistant Professor of Anaesthesia,
Faculty of Medicine,
University Of Menofiya

< P

Dr. Khalid Mohamed Abdel Azeem
Lecturer of Anaesthesia,
Faculty of Medicine,
University Of Menofiya

Cin!

2 / 9

Ĩ

샤.

ACKNOWLEDGEMENT

I am deeply grateful to Prof. Dr. Hassan Zaid Moustafa, Professor of Anaesthesia, who gave me a great help, infinite patience and kind supervision throughout the work.

My sincere gratitude and full appreciation are due to Professor Dr. Ahmed Abass Raouf. Professor of Biochemistry and Dean of Liver Institute, for his valuable help and very kind supervision.

I wish to express my deepest gratitude and appreciation to Prof. Dr. Omar Abdel Aleem Omar, Assistant Professor of Anaesthesia and the head of Anaesthesia department, for his valuable guidance, kind supervision, generous effort, continuous encouragement and helpful comments that have their marks on every aspect of the text.

I would like to express my deepest thanks to Dr. Khalid Abdel Azeem, Lecturer of Anaesthesia, who devoted great effort and a lot of his time in making the clinical aspects of this thesis and in evaluation of the results.

Abbreviations

ABG : Arterial blood gases.

ACTH: Adrenocorticotrophic hormone.

ADP : Adenosine diphosphate.

ALT : Alanine transferase enzyme.
AST : Asparate transferase enzyme.

CVP : Central venous pressure.

DIC : Disseminated intravascular coagulopathy.

EACA : Epsilon - aminocaproic acid.

ET.CO₂ : End-tidal CO₂.

FDPs : Fibrin degradation products.

FFP : Fresh frozen plasma.

HB: Haemoglobin.
HR: Heart rate.

HVE : Hepatic vascular exclusion.

IVC : Inferior vena cava.

LDH : Lactate dehydrogenase enzyme.

L/P : Lactate / pyruvate ratio.

MABP : Mean arterial blood pressure.

NAD : Nicotine - amide dinucleotides.

PAWP : Pulmonary artery wedge pressure.

PCV : Packed cell volume.

PF-3 : Platelet factor 3.

PT : Prothrombin time.

PTT : Partial thromboplastin time. SaO₂ : Arterial oxygen saturation.

 TxA_2 : Thromboxane A_2 .

CONTENTS

DESCRIPTION		PAGE
PART ONE	: INTRODUCTION	1
PART TWO	: AIM OF THE WORK	47
PART THREE	: PATIENTS AND METHODS	48
PART FOUR	: RESULTS	57
PART FIVE	: DISCUSSION	97
PART SIX	: SUMMARY	125
PART SEVEN	: CONCLUSIONS & RECOMMENDATIONS	129
PART EIGHT	: REFERENCES	131

PART (1)

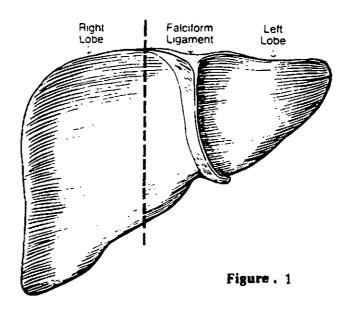
INTRODUCTION

INTRODUCTION

Functional Anatomy And Physiology Of The Liver And Biliary Tract

* Gross anatomy:

The liver is the largest visceral organ, weighing between 1.2 - 1.5 kg in adults. It is relatively larger in infants and children than in adults. There are two anatomic lobes: right and left. The right lobe is six times larger than the left. These two major lobes are separated visually by a reflected surface of peritoneum, the falciform ligament (1).



* Surgical anatomy:

True segmental division of the liver is determined by intrahepatic distribution of vessels. On this basis, the liver is divided into right and left lobes. The right lobe has appended to it two smaller lobes, the caudate lobe and the quadrate lobe. A formal right lobectomy involves transection of the liver at approximately the dashed line [Fig. (1)] with removal of the right lobe and suturing the right branches of the hepatic artery and portal vein.

Extending the liver resection to the falciform ligament is termed a trisegmentectomy. Formal left lobectomy is rare, but is based on vascular patterns similar to the right lobectomy (2).

Table (I): Common surgical procedures of the liver and biliary tract (3)

- 1. Common bile duct exploration.
- 2. Hepatic bile duct exploration.
- 3. Wedge resection of the liver.
- 4. Right lobectomy.
- 5. Trisegmentectomy (extended right lobectomy).
- 6. Left lobectomy.
- 7. Liver transplantation.

* Microscopic anatomy:

The hepatic lobule: is the basic histologic unit of the liver. It consists of an efferent hepatic venule in a central position, with cords of hepatocytes and sinusoids converging on a central venule. Around the periphery are several portal tracts containing bile canaliculi, portal venule, hepatic arteriole, lymphatics and nerves (2).

The acinus: is the functional as opposed to the anatomic unit of the liver [Fig. (2)]. The acinus is divided into 3 zones, starting from the terminal portal tracts (2). Although morphologically identical, yet hepatocytes differ in function according to O_2 content.

- I) Zone 1 Hepatocytes receive blood with the highest content of oxygen. These cells have the highest rate of metabolic activity. Protein synthesis, for example, is most intense here. The highest concentrations of transaminases reside in this zone.
- II) Zone 2 Hepatocytes receive blood with an oxygen content intermediate between zones 1 & 3.
- III) Zone 3 Hepatocytes receive the least O₂. The enzymes of biotransformation (i.e., the cytochrome P450 system) are in highest concentration in this zone.

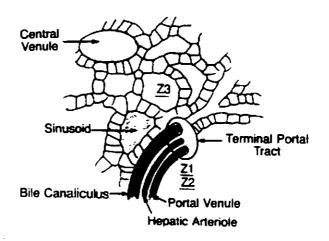


Figure 2. The hepatic acinus,

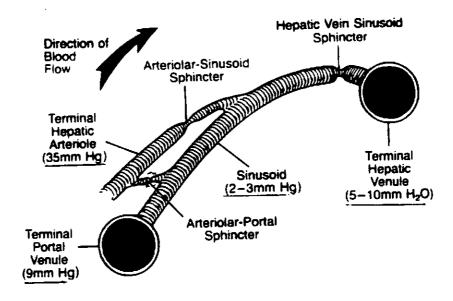


Figure 3: Microcirculation in the liver acinus. The sinusoids can act as significant reservoirs for blood, depending on sphincteric action. Pressures within the acinus vessels are given.

* Functions of the liver:

The liver is the most complex organ in the body from a biochemical stand point. It is literally a chemical reaction factory. Only a listing of these functions is provided here and are of interest to the practicing anesthesiologist.

Table (II): A survey of liver functions (3)

Metabolic activity:

- Biotransformation of drugs.
- Metabolism of glucose.
- Metabolism of fatty acids.
- Energy production.
- Protein, bipoprotein metabolism.
- Vitamin metabolism (A, D, E, K).

Synthetic activity:

- Protein synthesis.
 (Coagulation factors, albumin, lipoproteins, immunoproteins).
- Glycogen.
- Gluconeogenesis.

Excretory functions:

- Bilirubin execretion.
- Steroid execretion.

Filtration functions:

- Filters bacteria.
- Degrades endotoxins.
- Activates immune complexes.

[Modified from Thiel et al (3)]