

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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**Assessment of Patient's knowledge
and Perception Regarding Factors
Aggravating Esophageal
Variceal Bleeding**

Thesis

*Submitted for Partial Fulfillment of Master Degree
in (Critical Care Nursing)*

By

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B.Sc Nursing, Alex University

**Faculty of Nursing
Ain Shams University
2021**



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List of Abbreviations

Abb.	:	Meaning
ABC	:	Breath, circulation airway open.
AVB	:	Acute variceal bleeding.
ABG	:	Arterial blood gases.
BP	:	Blood pressure.
BNU	:	Blood urea nitrogen.
CVP	:	Central venous pressure.
CBC	:	Complete blood count.
ETT	:	Endotracheal tube.
EV	:	Esophageal varice.
EVB	:	Esophageal variceal bleeding.
EVL	:	Esophageal variceal ligation.
EGD	:	Esophagogastroduodenoscopy.
GIB	:	Gastrointestinal bleeding.
GIT	:	Gastrointestinal tract.
HVPG	:	Hepatic venous pressure gradient.
HRS	:	Hepatorenal syndrome.
IV	:	Intravenous.
LR	:	Lactated ringer.
LOC	:	Level of consciousness.
NG	:	Nasogastric.
NSAIDS	:	Non-steroidal anti-inflammatory drugs.
NPO	:	Nothing per mouth.
OGD	:	Oseophago-gastro-duod.
TIPS	:	Transjugular intrahepatic portosystemic shunt.
TIPSS	:	Transjugular intrahepatic portosystemic stent-shunt.
UGIB	:	Upper gastrointestinal bleeding.
UGIT	:	Upper gastrointestinal tract.
HIV	:	Human Immunodeficiency Virus.

Assessment of Patient's knowledge and Perception Regarding Factors Aggravating Esophageal Variceal Bleeding

Abstract

Esophageal variceal bleeding (EVB) remains a major complication of portal hypertension in patients with liver cirrhosis. Factors that contribute to EVB are any conditions that increase the abdominal venous pressure such as muscular exertion from lifting heavy objects, straining at stool, sneezing, coughing and vomiting. **Aim:** This study aimed to assess patients' knowledge and perception regarding factors aggravating esophageal variceal bleeding. **Design:** Descriptive exploratory design was utilized to answer the research questions. **Setting:** This study was being conducted at intensive care of hematemesis unit at Alexandria University Hospital. **Subjects:** The study subject included 70 patients from both genders. **Tools:** **Part (I)** Patient's interviewing questionnaire tool: It included the socio-demographic characteristics of patients (age, gender, educational. etc), patients' clinical data such as present and past medical history. **Part (II)** The assessment of patient's knowledge regarding factors that aggravate EVB. **Part (III)** Patient's perception scales was used to assess patients' illness perception. **Results:** The results revealed that, the mean age of the studied patients were 51.3 ± 5.11 , 68.6% were males and 100% of them were married. 62.9% had unsatisfactory level of knowledge regarding factors aggravating EVB. 57% of the studied patients had high score about EVB, 43% of the studied patients had low score about EVB. **Conclusion:** The study findings concluded that, the most factors which affect esophageal varices bleeding were age, sex, education level, residence, income, history of disease, knowledge regarding esophageal varices definition, causes, aggravating factors, complications. **Recommendations:** The study should be replicated on large sample size and in different hospitals setting in order to generalize the result.

Keywords: Assessment, esophageal variceal bleeding, aggravating factors, perception.

Introduction

Varices are dilated, tortuous and engorged blood vessels that may develop in the esophagus, stomach, duodenum, colon, rectum and anus. The most clinically significant site of varices is the gastro-esophageal junction because of the propensity of varices in this area to rupture, resulting in massive gastrointestinal hemorrhage (***Morton and Fontaine, 2013***).

When portal pressure increase, the patient may progress small varices with time and the dynamic circulation increases, blood flow will increase through the varices. Thus the tension raise in the wall. Variceal hemorrhage resulting from rupture occurs when the expending force exceeds the maximal wall tension. Varices symptoms not appear until the varices start to bleed (***Ogilvie et al., 2015***).

Esophageal Variceal bleeding (EVB) is a life-threatening condition that is characterized by acute, massive bleeding. The risk of variceal bleeding increases with severity and variceal size. Bleeding occurs in 25% to 30% of patients within 2 years of diagnosis and 20% to 30% mortality from each bleeding episode. It accounts for 75% of all upper gastrointestinal bleeding (UGIB) and

responsible for 20% of deaths among Egyptian patients between the ages of 35 to 75 years while in the Western countries, it accounts for 30% of all upper gastrointestinal bleeding (*Mahdy et al., 2018*).

When bleeding is occurred, many complications happened to patient that affected on his health such as death and serious condition. Shock will produce causing decreased cerebral perfusion which affected on patient conscious level, diminished hepatic perfusion may develop and encephalopathy (*Triantos & Kalafateli, 2015*).

Factors that contribute to EVB are any conditions that increase the abdominal venous pressure such as muscular exertion from lifting heavy objects, straining at stool, sneezing, coughing and vomiting. Esophagitis, irritation of vessels by poorly chewed foods or irritating fluids, ingestion of foods high in roughage and reflux of stomach content can also precipitate for EVB (*White et al., 2013*).

Understanding illness perceptions is critical for providing effective treatment. Patients with chronic conditions may actively construct their own personal models of illness in an attempt to deal with the impact of their condition (*Wahl et al., 2014*).