Liver Biopsy

Preparation of Client

- Review chart for signed consent form.
- Withhold food and fluids per policy, usually 4 to 6 hours pre-procedure.
- Assess and record baseline vital signs.
- Review prothrombin time (PT) and platelet count; administer vitamin K as ordered.
- Instruct to empty bladder immediately before the biopsy.
- Place in supine position on far right side of bed; turn head to left and extend right arm above head to improve access to the biopsy site.

Client and Family Teaching

- Discuss preparation for the biopsy and expected sensations during the procedure.
- Hold your breath following expiration during needle insertion to keep diaphragm and liver high and stabilized in the abdominal cavity.
- Obtaining the tissue sample usually requires only 10 to 15 seconds; there may be some pain or discomfort during this time.
- Direct pressure is applied to the site immediately after the needle is removed; you will be placed on your right side to maintain site pressure.
- You may develop pain in the right shoulder as the anesthetic loses effect.
- You will be monitored for bleeding after the procedure.
- Food and fluids are withheld for 2 hours after the biopsy; you then can resume your usual diet.
- Avoid coughing, lifting, or straining for 1 to 2 weeks.

Treatments

Treatment of cirrhosis is supportive, directed at slowing the progression to liver failure and reducing complications.

Dietary and Fluid Management

Dietary support is an essential part of care for the client with cirrhosis. Dietary needs change as hepatic function fluctuates.

- Sodium intake is restricted to under 2 g/day, and fluids are restricted as necessary to reduce ascites and generalized edema. Fluids are often limited to 1500 mL/day. Fluid needs are calculated based on response to diuretic therapy, urine output, and serum electrolyte values.

- Unless serum ammonia levels are high, a palatable diet with adequate calories and 75 to 100 g of protein per day is recommended. If hepatic encephalopathy is present, protein is restricted to 60 to 80 g/day (Tierney et al., 2001). When encephalopathy resolves and serum ammonia levels stabilize, protein intake is allowed as tolerated. The diet is high in calories and includes moderate fat intake to promote healing. Parenteral nutrition is used as needed to maintain nutritional status when food intake is limited.

- Vitamin and mineral supplements are ordered based on laboratory values. Deficiencies in the B-complex vitamins, par-