
CIRRHOSIS OF THE LIVER

M. M. Ikramova,
Dots., Andijan State University

Q. T. Tojiboyev,
Prof. , Andijan State University

I. Qosimova,
Teacher, Andijan State University

M. Vahobjonova
Student, Andijan State University

ANNOTATION

The article outlines the causes, principles of diagnosis, prevention and treatment of liver cirrhosis. The main components of nursing care for this disease are given.

Keywords: liver cirrhosis, prevention, diagnosis, treatment, nursing care.

INTRODUCTION

Cirrhosis of the liver (LC) is a chronic diffuse disease of the liver, characterized by a violation of its normal structure as a result of destruction (necrosis) and a decrease in the mass of functioning cells (hepatocytes), the development of connective tissue (fibrosis) and regeneration nodes. These processes in LC lead to the occurrence of clinically important symptoms – liver failure (impairment of detoxification, protein-synthetic and other functions of the liver) and portal hypertension. The latter is due to a violation of the outflow of blood from the liver, which enters it from the abdominal organs through the portal system. Patients with LC are at high risk of developing primary liver carcinoma.

MATERIALS AND METHODS

LC is a fairly common disease, occurs much more often in men, leads to a deterioration in the quality of life, early disability and mortality in patients. Diagnosis and treatment of this disease are associated with significant economic costs.

MAIN PART

Most often, LC is the outcome (final stage) of chronic viral hepatitis B, C and D, much less often - autoimmune hepatitis. The cause of LC, in addition to infection with hepatotropic viruses and an autoimmune process, can be long-term alcohol abuse (alcoholic cirrhosis), exposure of the liver to toxic substances at home and at work (heavy metals, chlorinated hydrocarbons and naphthalenes, benzene and its derivatives). - water, etc.), the use of certain drugs (cytostatic, narcotic, hormonal

contraceptives, hepatotoxic antibiotics, etc.), genetically determined disorders of iron and copper metabolism, diseases of the biliary tract.

In some cases, it is not possible to identify the cause of this disease, including biliary cirrhosis of the liver, which often affects young women and is characterized by progressive damage to the small intrahepatic bile ducts, an inflammatory process with necrosis, regeneration of the biliary tract, and large-nodular degeneration of the liver [2].

Diagnostics. The clinical course of LC is very diverse: from the complete absence of clinical manifestations to severe and rapidly progressive signs of liver damage. Depending on the severity of the clinical picture - the absence or presence of hepatic encephalopathy and portal hypertension - and violations of biochemical (functional) parameters (prothrombin index, bilirubin and albumin levels), compensated, subcompensated and decompensated LC are distinguished.

Patients are often concerned about general weakness, increased fatigue, decreased ability to work, irritability, bitterness in the mouth, decreased or lack of appetite, nausea, flatulence, a feeling of discomfort and heaviness in the right hypochondrium and epigastric region, skin itching, disorders stool, dark urine, decreased diuresis, increased body temperature. Significant information about the constant or periodically appearing icteric coloration of the skin and visible mucous membranes [3].

Hepatic encephalopathy, caused by damage to the central nervous system as a result of the toxic effect of ammonia, phenols, bacterial toxins and other substances on it in liver failure, is characterized by the appearance of a bad mood, lethargy, drowsiness during the day and insomnia at night, inability to concentrate for a long time attention and mental activity, indifference to the environment, then loss of consciousness may occur. Exhaled air has a sweet taste - "liver smell". If emergency measures are not taken, the patient may die. The development of hepatic encephalopathy can be promoted by gastrointestinal bleeding, taking large doses of diuretics (to reduce ascites), an associated infection (SARS, influenza, pneumonia, cystitis, pyelonephritis, etc.), and high protein content in food.

In a patient with diagnosed cirrhosis of the liver, the reasons for the worsening of the course of the disease, their possible connection with violations of the diet and drug treatment regimen, are ascertained. Analysis of anamnestic data and the results of an objective examination allows the nurse to assess the patient's condition and conduct nursing diagnostics - to identify the patient's problems, the most important of which in liver cirrhosis are [4]:

- general weakness, increased fatigue, decreased ability to work;
- violations of mood, sleep, ability to mental activity;
- feeling of discomfort and heaviness in the upper half of the abdomen;
- dyspeptic disorders (bitterness in the mouth, nausea, belching, loss or lack of appetite);
- bloating (flatulence);

- an increase in the size of the abdomen (ascites);
- itching of the skin;
- hemorrhagic manifestations on the skin (bruises, bruises), risk of bleeding;
- insufficient awareness of the patient about the causes, methods of prevention and treatment of the disease, measures to change the way (style) of life.

The main role in solving various problems and disturbed needs of the patient belongs to the implementation by the nurse of the plan of medical diagnostic and therapeutic measures in combination with therapeutic nutrition. She should take this into account when developing and implementing a nursing care action plan. When planning it, the nurse analyzes the situation in the family, the possibility of providing psychological, physical and material assistance to the patient, finds out the patient's ideas about the disease he has, the need to conduct and fulfill diagnostic and therapeutic appointments. She tries to remove the patient's fear and anxiety due to the lack of information: she explains the feasibility and diagnostic capabilities of laboratory and instrumental studies, ways to prevent the disease and its exacerbations.

In the process of care, the nurse prepares the patient for laboratory and instrumental studies, teaches him methods of care and self-care, monitors adherence to the regimen, changes in the patient's well-being and general condition, identifies new symptoms of the disease and informs the doctor in a timely manner. The nurse informs the patient about the principles of dietary and drug treatment, monitors their implementation, and identifies side (negative) effects of drugs. It contributes to the creation of a calm and friendly atmosphere in the environment of the patient, reasonably limits his physical activity, provides proper rest and sleep to reduce general weakness and fatigue.

REFERENCES

1. Abdurakhmanov D. T. Antiviral therapy and regression of liver fibrosis in chronic hepatitis B // journal gastroenter. hepatol. coloproctol. - 2010. - No. 1. — P. 14–20.
2. Ilchenko L. Yu., Golovanova E. V., Tsaregorodtseva M. M. et al. Modern concepts of primary biliary cirrhosis // Ter. archive. - 2015. - No. 2. - S. 50–54.
3. Clinical recommendations. Patient management standards. — M.: GEOTAR-Media, 2016. — 928 p.
4. Podymova S. D. Diseases of the liver. Guide for doctors. - M., 2015.
5. Guide for paramedical workers / Ed. Yu. P. Nikitina, V. M. Chernysheva. — M.: GEOTAR-Media, 2016. — 992 p.