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May 17th, 2020 - patients with cirrhosis have a high incidence of abdominal wall hernias and carry an elevated perioperative morbidity and mortality the optimal surgical management strategy as well as timing of abdominal hernia repair remains controversial a cohort study of 67 cirrhotic patients who underwent hernia repair during the period of January 1998 December 2009 at the university hospital of Sao Paulo'

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'cirrhosis diagnosis and treatment mayo clinic

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'dental management in patients with cirrhosis

May 30th, 2020 - it is important to bear in mind that the higher bleeding risk in the cirrhotic patient is also due to the presence of ectasias and varicosities in the gastro oesophageal mucosa pharynx and oral mucosa and that certain invasive procedures on these areas can cause profuse bleeding especially if the patient's haemostatic parameters are still significantly compromised'

'surgical approach to posthepatic cirrhotic patient today

May 8th, 2020 - a posthepatic cirrhotic patient may undergo elective or urgent abdominal operation for an extra hepatic or hepatic disease according to the high postoperative morbidity 61 surgery is indicated only for symptomatic or complicated cholelithiasis'

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April 11th, 2020 - conclusion patient age cp class cci and duration of anesthesia were identified as

important risk factors for predicting postoperative mortality in cirrhotic patients the adopt lc score effectively predicts in hospital mortality following elective surgery and may assist decisions regarding surgical procedures in cirrhotic patients based on a quantitative risk assessment'

'colorectal surgery in cirrhotic patients

May 27th, 2020 - northup et al retrospectively studied the predictive ability of the meld score for 30 day mortality after 140 nontransplant surgical procedures in cirrhotic patients they found that it was a good predictor for all procedures with an average score of 23.3 in the patients who died and an average score of 16.9 in those who survived beyond 30 days'

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'*imaging in cirrhotic patients undergoing surgical procedures*

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'survival for surgical cirrhotic patients ezzat moemen

February 10th, 2019 - the reported mortality rates in patients with cirrhosis undergoing various surgical procedures range from 8.3 to 25 in parison to 1.1 in non cirrhotic patients this wide range of mortality rates is related to severity of liver disease type of surgery demographic data of patients population and expertise of the surgical anaesthesia and intensive care unit team' '**laparoscopic cholecystectomy and cirrhosis patient**

May 14th, 2020 - lc in cirrhotic patient remains a challenging operation that should be performed by surgeons with experience in both lc and the perioperative management of the cirrhotic patient the increased morbidity mortality in the cirrhotic population mandates two crucial principles to achieving favorable results with lc careful patient selection and surgical technique modifications'

'impact of cirrhosis on surgical oute after

December 27th, 2016 - informed consent for the surgical procedures was obtained from each patient the local ethical mittee approved this study the patients who underwent pd formed two groups group a pd in patients with cirrhotic livers and group b pd in patients with normal livers'

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'current trend operative risks of digestive surgery in

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'surgical management of noncirrhotic portal hypertension

May 15th, 2020 - axis but also on patient s transplant candidacy and the available surgical expertise depressive shunts are the best option to prevent rebleeding from esophageal and gas tric varices and they can

also obtain emergent bleeding control although urgent shunting is rarely indicated devascularization procedures are indicated in patients with'

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'surgical risk in patients with cirrhosis nicoll 2012

April 30th, 2020 - early studies showed mortality for the cirrhotic patient is 11 25 pared with those without cirrhosis of 1 1 3 the overall consensus is that the 30 day mortality of ctp a is 10 ctp b is 30 and ctp c is 76 82 and these figures have not altered significantly despite more modern surgical and anesthetic techniques 4 5 however patients with more severe liver disease are'

'department of surgery cirrhosis

May 31st, 2020 - the diagnosis of cirrhosis is usually based on the presence of a risk factor for cirrhosis such as alcohol use or obesity and is confirmed by physical examination blood tests and imaging the doctor will ask about the person s medical history and symptoms and perform a thorough physical examination to observe for clinical signs of the disease'

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'nonhepatic surgery in the cirrhotic patient clinical gate

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