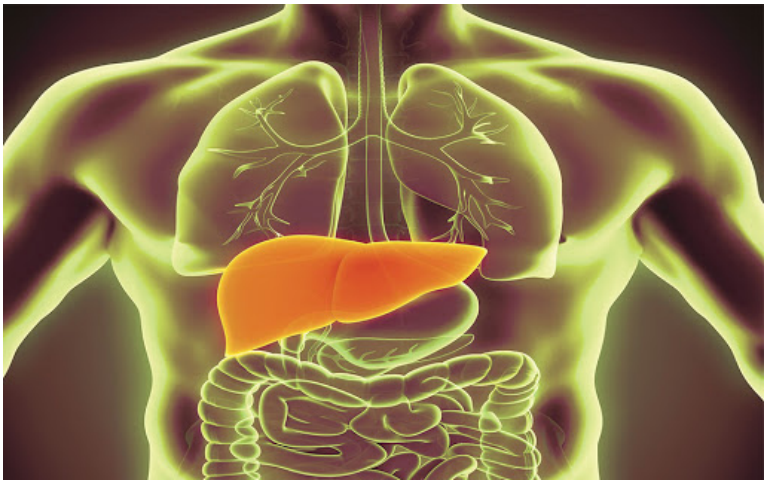

QRC: 3380

Price
One Day : $462 inc. GST
Two Days: $590 inc. GST

Date
06 - 07 Sep 2018

Venue
Oaks on Market
60 Market St , Melbourne, VI, 3000

CPD Hours
11 Hours | 0 Mins

Liver Disease and Dysfunction Conference - Melbourne 2018

50 Shades of Yellow

Need for Program

In Australia, hepatic disease is the 11th commonest cause of early death.There are a wide range of other liver diseases some of which are very complex and life reducing. For instance, liver cancer is the most rapidly increasing cause of cancer death in Australia today. Liver disease can affect every organ system in the body because of the complexity of liver function. These relationships make clinical assessment difficult and confusing - particularly because early manifestations of liver disease may be subtle. Given the diversity of liver disease it is likely that most nurses will care for acute and chronically unwell people with this condition. Evidenced knowledge relating to prevention as well as management of the condition will assist nurses to achieve best patient outcomes.

Purpose of Program

The purpose of this education is to provide knowledge relating to the prevention, causes and management of liver disease in order to achieve best nursing outcomes.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- Assist a person to avert long term liver disease through preventive measures
- Apply knowledge relating to the identification of liver dysfunction to prevent complications
- Improve nutritional status of a person with advanced liver disease
- Prioritise the holistic care of a person who has advanced liver disease

Program Schedule

Day One

8:30AM Registration for Day One

9:00

Welcome and Introduction to Conference

9:05
Tracey Hughes and a Donor Recipient

Living Proof – Loving Life after Liver Disease

This introductory session will reveal the personal cost of liver disease. You will hear how liver disease deeply affects a person's emotional, psychological, and physical health. It will share a story of hope to explain how nurses made a difference to the care of a person with serious liver disease who required then successfully recovered from a liver transplant. Discover:

- What is liver disease?
- What diseases does it encapsulate?
- Is liver disease in Australia increasing?
- Why is preventing the progression of liver disease to cirrhosis so important?
- What are the personal costs of liver disease?
- How do nurses make a difference to people with liver disease?

9:45
Dr Jacqui Richmond

Assessing Liver Function – Introduction to Diagnostic Testing

Vague symptoms may make it difficult to diagnose liver disease. A range of diagnostic tests can investigate liver function further. Understanding the rationales for the main diagnostic tests will assist nurses to form a clear clinical picture of the person they are caring for and assist with patient education and health literacy. This session aims to explain the following:

- What are the common blood tests performed to investigate liver function?
- When are they indicated?
- How do you interpret the pathology of liver function tests (LFTs)?
- What are the indications for an ultrasound or other imaging tools?
- When might a liver biopsy be required?
- Putting it all together – a look at how clinical pictures of common liver diseases can be formed

10:30 Morning Tea

11:00
Sherryne Warner

Non-Alcoholic Fatty Liver Disease – A Practical Guide for Nurses

While some degree of fat in the liver is normal, it only takes a small increase in percentage of fat for disease to occur. Non-alcoholic fatty liver disease (NAFLD) is becoming increasingly common. It is considered to be the most prevalent cause of liver disease in Australia. Many people with this disease have an increased risk of cirrhosis and liver-related death. This insightful session will

discuss:

- What is non-alcoholic fatty liver disease?
- Why does NAFLD commonly exist alongside obesity, type II diabetes, cardiovascular disease, and metabolic syndrome?
- Which type of NAFD is most likely to progress to cirrhosis?
- What are the evidence-based treatments to prevent progression of disease?
- How can nurses support the treatment and management of NAFLD?

11:45
Associate Professor Louis Roller

Paracetamol Overdose and Toxicity

Paracetamol remains one of the most common agents used in overdose. It's ease of access and potential for significant harm, in particular to the liver, either through abuse or unintentional overdose demands that all nurses must be familiar with:

- What constitutes a toxic dose of paracetamol in adults and children
- Stages of paracetamol intoxication, including respective symptoms and associated severity
- Current Guidelines for treatment, including the use of n-acetylcysteine and concurrent investigations
- Prognostic factors – the risk factors for toxicity that affect health outcomes
- Novel therapies that may facilitate liver detoxification e.g albumin dialysis
- When to consider liver transplant

12:45PM Lunch and Networking

1:45
Dr Jacqui Richmond

Damage and Destruction? Alcohol and the Liver

For centuries alcohol has been recognised as a contributor and cause of liver dysfunction and disease. How does this actually occur and what level of alcohol causes this damage? This important session will explain how alcohol-related liver disease develops and progresses and will introduce some of the complications associated with alcoholic-related liver disease. Find out:

- How does alcohol damage the liver?
- What level of drinking is known to cause liver disease?
- How does alcoholic fatty liver disease progress to alcoholic hepatitis to cirrhosis?
- Is abstinence always effective at reversing disease?
- What are the serious consequences of alcohol-related liver disease?
- What do the Guidelines recommend as a safe level of alcohol consumption?

2:45 Afternoon Tea

3:15
Dr Jacqui Richmond

The ABC of Hepatitis B and C

Hepatitis refers to inflammation of the liver. As we saw throughout day one, hepatitis is caused by a

number of factors and can progress to cirrhosis, a late stage of liver disease. This comprehensive session focuses on viruses, in particular Hepatitis B and C. It will ensure you are clear on the facts and recent discoveries in relation to the transmission, progression, and treatment of hepatitis B and C. It includes:

- What's the difference between Hepatitis B and C? What's the difference between Hepatitis B and C?
- What's the difference between Hepatitis B and C?
- How are they transmitted and who is most vulnerable?
- A look at testing and disease courses/stages of Hepatitis B and C
- What is new about our knowledge of these diseases?
- What are the aims of modern treatment?
- How do the new medications for chronic Hepatitis C work?
- What are the current challenges for health professionals working with people with Hepatitis B and C

4:30 Close of Day One of Conference

Day Two

9:00AM Commencement of Day Two

9:00
Sally Watkinson

A Concerning Cascade? Advanced Liver Disease

While preventing progression of liver disease is imperative, it is not always the outcome we achieve. It is an inevitable and worrying reality for many that advanced liver disease (cirrhosis of the liver) develops. Day two of the conference will begin with a recap of the common causes of advanced liver disease. It will briefly inform you of some of the less common causes and describe the pathogenesis of advanced liver disease in more detail. In so doing it will introduce complications of advanced liver disease, beginning with portal hypertension. It includes:

- How do the causes of cirrhosis progressively damage the liver?
- How long does this process take?
- What are the signs, symptoms, and pathogenesis of advanced liver disease?
- What about decompensated liver disease?
- How does advanced liver disease lead to portal hypertension?
- What is the appropriate nursing management, including care plans and referral pathways for advanced liver disease?

10:00
Sally Watkinson

From Cirrhosis to Cancer? Consequences of Chronic Liver Disease

Cirrhosis of the liver poses the greatest threat to the development of liver cancer. Referred to as hepatocellular carcinoma (HCC), it is most commonly seen in a person with chronic liver disease and less likely to arise as a malignancy in itself. The prognosis varies significantly between people, impacting the treatment options. In some cases, liver transplantation may be indicated for people

with HCC. This session considers:

- How does liver cancer develop as a consequence of chronic liver disease?
- Is the incidence of HCC rising?
- How are the stages of HCC determined?
- When may a person with hepatocellular cancer be eligible for a liver transplant?

10:45 Morning Tea

11:15
Angela Xiriha

Ascites – Nursing Management

A further complication of advanced liver disease and relating to the development of portal hypertension is ascites. The collection of fluid in the peritoneal cavity can be distressing and uncomfortable for a person and a clinical indicator of deterioration. Despite ascites being a common major complication of advanced liver disease, symptoms vary between people. Managing the fluid and electrolyte changes in a person with ascites, in the context of a person suffering a chronic disease, can be challenging for nurses. This session aims to improve your knowledge of and confidence in the following:

- What does the presence of ascites tell us about the progression of liver disease?
- What are the medical treatments for ascites?
- When are surgical procedures such as ascitic taps indicated?
- what can the type of ascitic fluid reveal and why is it important to note this?
- What is the nursing role in managing a person with ascites, e.g. fluid and electrolyte balance?

12:15
Angela Xiriha

Hepatic Encephalopathy – A Case Study

Nurses who have cared for patients with hepatic encephalopathy will testify that it is essential to understand the basic pathophysiology of what is occurring and why certain treatments are indicated, as is a team approach given the complexities of the care required. Using a case scenario, this session will walk you through a realistic situation of a person being admitted with hepatic encephalopathy to help you understand:

- What can precipitate hepatic encephalopathy in a person with advanced liver disease?
- How does hepatic encephalopathy develop?
- Why is the accumulation of ammonia neurotoxic?
- What subtle neurological changes do nurses need to look out for?
- How does lactulose work to reduce ammonia?
- What are the practical nursing considerations? Supportive care, prevention of falls, staffing levels, escalation criteria, etc.

1:15PM Lunch and Networking

2:15
TBA

Prophylaxis of Variceal Bleeding

Oesophageal or gastric varices are another complication associated with advanced liver disease. Not every person with a varices will bleed, however it can be frightening to experience as bleeding may be compounded by poor clotting function. Importantly, primary prevention is key. This session reviews:

- What causes varices to develop?
- What are the signs, symptoms, and risk factors for varices?
- How is primary prophylaxis achieved and why is this essential?
- What are the current treatments for active variceal bleeding?

3:15 Afternoon Tea

3:45
Jamee Barugh

Malnutrition in Advanced Liver Disease

The crucial role of the liver in the metabolism of nutrients means that nurses must be aware of how a person's nutritional status is impacted by advanced liver disease. This final session considers:

- Why is malnutrition common in advanced liver disease?
- What are easy and reliable ways to assess a person's nutritional status?
- When may supplementation be required?
- What practical tips nurses can be implemented to promote nutrition?

4:30 Close of Conference and Evaluations

Presenters

Jacqui Richmond

Jacqui Richmond commenced working as a hepatology nurse in 1998 at St. Vincent's Hospital, Melbourne, Australia. Jacqui has had a long interest in viral hepatitis working in education, research, policy development and nursing. Jacqui is currently working at the Burnet Institute (coordinating the education and training program for the Eliminate Hep C partnership), Melbourne Health (as clinical nurse consultant – viral hepatitis) and La Trobe University (research fellow). Jacqui was awarded an NHMRC Translation of Research into Practice Fellowship in 2015, based between La Trobe University and Melbourne Health. The TRIP project addressed the gap between optimal and current testing for hepatitis B by general practitioners at one primary care clinic through the implementation and evaluation of a series of interventions aimed at increasing the number of at-risk patients tested for hepatitis B. The broad focus of Jacqui's work is building the capacity of the health professional workforce to test, treat and manage the health care needs of people living with viral hepatitis. Jacqui has led the development of the AHA's Consensus-based guidelines for the care of patients with liver disease, Practice Standards for the Hepatology Nurse and recently the Consensus-based guidelines for the provision of adherence support for people with hepatitis C taking DAAs.

Tracey Hughes

Tracey Hughes,MSc, RN is the intestinal transplant coordinator, and liver transplant assessment coordinator at the Austin Hospital. She also contributes to a 24 hour roster to cover liver and intestinal transplant coordination at both Austin Health and the Royal Children's Hospital. She has worked in the liver transplant field for more than 20 years, in a variety of positions working across both pre and post liver transplant roles, and as a liver transplant coordinator. She also manages patients across Australasia who are under assessment or active on the waiting list for intestinal transplantation. Prior to specialising in liver transplant, she completed a critical care certificate and worked in Intensive Care for a number of years.

Sherryne Warner

Sherryne Warner has been a strong advocate for patients with liver disease. Sherryne co-founded the Australasian Hepatology Association for Nurses, Allied Health professionals, and the Victorian Hepatology Nurses Group. She continues to promote nursing interest and education in the field of Hepatology. Sherryne has been in the field of Hepatology since her children were in primary school, they are now grown and Sherryne is a grandmother (albeit a young one).

Louis Roller

Associate Professor Louis Roller has been an academic at the Faculty of Pharmacy and Pharmaceutical Sciences Monash University for over 50 years. He was on the Pharmacy Board of Victoria for 22 years and has significantly contributed to many editions of various pharmaceutical compendia, including the Therapeutic Guidelines, particularly the Antibiotic Guidelines. He is the author of hundreds of scientific and professional articles and has a passion for evidence-based knowledge. He lectures to pharmacists, medical practitioners, nurses, podiatrists, and optometrists on a variety of therapeutic topics, particularly antibiotics, as well as giving many talks to the University of the Third Age on various medication-related issues. As at the end of April, he had delivered 42 talks to U3A Stonnington and an equivalent number to other U3A groups. With Dr Jenny Gowan, over the last 20 years, he has written articles on disease state management in the Australian Journal of Pharmacy. In 2012, he was made a life member of the Australasian Pharmaceutical Sciences Association and, in 2014, he was awarded the life-long achievement award of the Pharmaceutical Society of Australia.

Sally Watkinson

Sally Watkinson is a Nurse Practitioner Candidate for the Victorian Infectious Diseases Service at Melbourne Health. Sally has worked in the field of gastroenterology for the past 18 years and in Viral Hepatitis since 2011. In her current role, Sally provides access to testing, treatment and management of viral hepatitis through a nurse-led approach in a variety of community based settings. She also provides clinical support and mentorship to GP's, nursing and allied workforce to incorporate viral hepatitis care into their practice. Sally is passionate about the specialty of Hepatology and in particular, developing pathways to reach those who have disengaged with healthcare after experiencing stigma and discrimination. She believes that this will be critical in reducing the public health burden associated with the increasing incidence of advanced liver disease and primary liver cancer.

Angela Xiriha

Angela Xiriha is a clinical nurse specialist who has worked in the Gastrointestinal Care Centre at St Vincent's Hospital for the past 10 years. Angela holds a Bachelor of Biomedical Science and a Bachelor of Nursing. In addition to direct patient care, Angela is involved with the coordination and provision of education to nursing staff on her ward. This includes ward-based lectures, practical training, and written educational information for nurses and patients. Angela is passionate about gastrointestinal nursing, education, and providing patient-centred care.

Jamee Barugh

Jamee Barugh is a clinical dietitian at St Vincent's Hospital, Melbourne. Jamee graduated in 2007 with a Postgraduate Diploma in Dietetics from the University of Otago, New Zealand. She has worked in New Zealand, Brisbane, and in Melbourne at the Royal Melbourne Hospital, Western Health prior to coming to St Vincent's where she has been for the past five-and-a-half years. She specialises in upper gastrointestinal surgery and gastroenterology but has worked in other areas such as intensive care, oncology, renal, and head and neck surgery. She has also been involved in presenting the gastrointestinal and surgical lectures for students at La Trobe University since 2012.

To Be Determined

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