Timecode	GI AND HEPATOBILIARY
Part 1 - 29 MB	**GI AND HEPATOBILIARY 1**
0	Introduction
1.5	History - symptoms
1.56	Nausea, vomiting and haematemesis
3.3	Abdominal pain
4.11	Bowel habit; stools
5.42	Anorexia; weight loss; appetite
8.04	Dysphagia
9.58	ENDS
Part 2 -29 MB	**GI AND HEPATOBILIARY 2**
0	Dysphagia continued
0.29	Structure history - upper GI from mouth down to lower GI and bowels
2	Hepatobiliary symptoms
2.1	Jaundice
3.08	Risk factors for acute and chronic liver disease
4.18	Previous medical history
4.28	Treatment history
4.41	Social history (including alcohol history)
7.18	Review of systems
7.49	Examination
8.04	Hands
8.11	Leuconychia
9.45	Koilonychia continued
10	ENDS
Part 3 - 29 MB	**GI AND HEPATOBILIARY 3**
0	Koilonychia continued
0.29	Clubbing
1.45	Palmar erythema
3.04	Dupuytren's contracture
6.43	Flap
7.32	Signs of encephalopathy
8.18	Causes of encephalopathy
9.01	Get patients to draw a six-pointed star to assess encephalopathy - constructional dyspraxia
10	ENDS
Part 4 - 29 MB	**GI AND HEPATOBILIARY 4**
0	Get patients to draw a six-pointed star to assess encephalopathy - dyspraxia
0.33	Other causes of asterixis
0.51	Arms
2.21	Pulse and blood pressure
2.42	Face
4.01	Neck; lymph nodes
5.21	Chest
5.25	Spider naevi
6.02	Causes of spider naevi
6.31	Gynaecomastia
6.46	Physiological causes of gynaecomastia
7.47	Pathological causes of gynaecomastia
9.12	Examine for gynaecomastia
9.45	Do not confuse gynaecomastia with galactorrhoea
10	ENDS

Part 5 - 29 MB	**GI AND HEPATOBILIARY 5**
0	Do not confuse gynaecomastia with galactorrhoea continued
0.11	Loss of male distribution of hair
0.45	Abdomen
0.51	Five signs of chronic disease in the abdomen
1.01	Caput medusae
3.59	Signs of chronic liver disease
4.46	Spider naevi found on back and shoulders too
5.11	Causes of jaundice with signs of chronic liver disease
7.25	Causes of jaundice without signs of chronic liver disease
9.48	Hepatomegaly with and without chronic liver disease
10	ENDS

Part 6 - 29 MB	**GI AND HEPATOBILIARY 6**
0	Hepatomegaly with and without chronic liver disease
0.11	Malignancies
0.31	Splenomegaly
0.43	How to distinguish the spleen from a kidney or other mass
2.03	How to examine for the spleen
2.3	Examination of the abdomen generally
5.22	Examination for the spleen continued
6.05	Five causes of a giant spleen - A-sized
7.16	Causes of a B-sized spleen
7.45	Causes of a C-sized spleen
8.1	Causes of a D-sized spleen
8.49	Causes of hepatosplenomegaly
9.18	Ascites
9.3	Examination for ascites
10.01	ENDS

Part 7 - 30 MB	**GI AND HEPATOBILIARY 7**
0	Examination for ascites continued
3.12	Causes of ascites
3.15	Transudates
4.29	Exudates START
5.39	Use serum ascites albumin gradient to classify instead of transudate v. exudate
9.11	Other things about ascites
10.15	ENDS

Part 8 - 38MB	**GI AND HEPATOBILIARY 8**
0	Spontaneous bacterial peritonitis - a cause of ascites in the encephalopathic patient
1.03	Examination
1.21	Peritoneal tap
2.28	Treatment
3.16	What fluids not to give if encephalopathic
4.4	Things to check
5.34	Investigations generally
6.28	Bloods
6.31	Full blood count
8.38	Urea and electrolytes
9.59	Random blood glucose
10.25	Liver function tests
10.3	Inflammatory markers - ESR and CRP
10.59	Autoimmune disease
11.52	Other bloods
12.18	Liver function tests
13.51	ENDS

Part 9 - 2 MB	**GI AND HEPATOBILIARY 9**
0	Video tape ran out - Adam Feather instead gives a summary to camera of what you need to know
0.07	Raised alkaline phosphatase with other LFTs normal
0.33	ENDS
Part 10 - 30 MB	**GI AND HEPATOBILIARY 10**
0	Patient with newly diagnosed chronic liver disease - liver screen
1.47	Radiology
2.57	Endoscopy
4.04	Specific diseases
4.08	Dysphagia
5	Investigations
5.36	Treatment
5.48	Haematemesis
6.02	Causes
8.59	Questions to ask about the haematemesis
9.21	Risk factors and past medical history
10.02	ENDS
Part 11 - 29 MB	**GI AND HEPATOBILIARY 11**
0	Risk factors and past medical history continued
0.4	Management of acute upper GI bleed (non-variceal)
2.27	Bloods
3.18	If haemodynamically stable
3.4	If not haemodynamically stable
5.2	Stigmata of an unstable ulcer
6.23	Management of an unstable ulcer
9.06	Transfusion - who are you going to transfuse?
10.01	ENDS
Part 12 - 28 MB	**GI AND HEPATOBILIARY 12**
0	Transfusion - who are you going to transfuse? continued
0.26	Prognosis - Rockall criteria
5.15	Oesophageal varices
6.26	Causes
7.09	Classification - grades
7.56	Risk factors
8.54	Primary prophylaxis - anyone at risk
10	ENDS
Part 13 - 28 MB	**GI AND HEPATOBILIARY 13**
0	Primary prophylaxis - anyone at risk - continued
0.37	Severe bleeding
1.04	Child-Pugh score (severity of underlying disease) affects prognosis
3.13	Mild, moderate, and severe (or A, B, and C) disease according to Child-Pugh score
4.2	Initial management of patient with a major oesophageal bleed
7.15	Vasoconstrictors to use if any delay before endoscopy
8.4	Endoscopy; banding, injection, balloon tamponade - Sengstaken-Blakemore tube
10	ENDS
Part 14 - 28 MB	GI AND HEPATOBILIARY 14
0	Sengstaken-Blakemore tube continued
4.09	TIPSS Transjugular intrahepatic portosystemic shunting
5.05	Treatment if patient survives
5.36	Anti-encephalopathy treatment

6.52 Causes of malabsorption
8.08 Coeliac disease
8.23 Inflammatory bowel disease
10 ENDS

Part 15 - 28 MB **GI AND HEPATOBILIARY 15**
0 Inflammatory bowel disease continued
0.35 Aetiology and risk factors
1.36 Extra-GI manifestations
1.49 Eyes
2 Skin
3.05 Joints
3.31 Hepatobiliary
4.03 Renal
4.21 Amyloid
4.43 Distinction between ulcerative colitis and Crohn's disease
5.36 Presentation
6.43 Initial management
7.26 If acutely unwell
7.37 Definition of a severe attack
7.57 Examination
8.15 Investigations
9.06 Treatment of an acute attack
10.01 ENDS

Part 16 - 28 MB **GI AND HEPATOBILIARY 16**
0 Treatment of an acute attack continued
0.33 Indications for surgery
1.38 Drugs
1.55 Nutrition
2.25 Multi-disciplinary team
2.47 Patient in remission
2.57 Ulcerative colitis treatment
4.05 Treatment if patient deteriorates
4.31 Steroids avoided if possible
4.51 Smoking
5.16 Crohn's disease treatment
6.22 Treatment if patient deteriorates
6.42 Complications (of Crohn's disease especially)
7.46 Multidisciplinary team
8.15 Other topics not covered in these sessions - need to read up on constipation, diarrhoea, lower GI bleeds, and colonic carcinoma
8.55 ENDS