

Portal Hypertension & Varices

About This Resource

This guide helps people living with portal hypertension and related conditions — such as esophageal varices, ascites, and splenomegaly — access coordinated specialty care and stay safe. It complements your doctor's plan to prevent bleeding, reduce hospitalizations, and maintain liver stability.

Urgent Symptoms — Seek Emergency Care Immediately

Call 911 or go to the nearest ER if you experience:

- Vomiting blood or coffee-ground material
- Black or tarry stools
- Fainting, dizziness, or lightheadedness
- Severe abdominal pain
- Confusion or extreme sleepiness

Specialized Medical Care (DFW / Texas)

- **Texas Liver Care** — Comprehensive management of portal hypertension, including medication, paracenteses, endoscopy coordination, and transplant evaluation.
 (682) 427-0200 |  texaslivercare.org | Dallas & Fort Worth
- **Regional Endoscopy & Hospital Partners** — Your liver specialist can help coordinate screening endoscopies, variceal banding, and interventional radiology procedures (TIPS, embolization) when indicated.
- **Baylor Scott & White Liver Consultants of Texas**
 (214) 820-1756 (Dallas) | (817) 922-1790 (Fort Worth) | (1-844) 279-3627 (General) |  bswhealth.com [bswhealth.com]
- **UT Southwestern Liver Disease Clinic - Hepatology**
 (214) 645-1919 |  UTSW Liver [utswmed.org] | Dallas

Medical Management & Monitoring

- Medications: Take non-selective beta-blockers (e.g., propranolol, carvedilol) as prescribed to lower bleeding risk.
- Endoscopy: Regular EGD exams for screening and re-banding as needed.
- Ascites care: Follow a low-sodium diet, take prescribed diuretics, and obtain timely paracenteses if fluid builds up.
- Follow-up: Keep all appointments, labs, and imaging—early detection prevents complications.

Endoscopy & Procedures — What to Expect

For Support & Questions

Texas Liver Care | (682) 427-0200 | TexasLiverCare.org | info@TexasLiverCare.org | 617 Travis Ave, Fort Worth, TX 76104

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- Ask if you need a driver (sedation policies vary).
- Bring an updated medication list, especially blood thinners or diabetes medicines.
- After banding, follow dietary and medication instructions. Seek care promptly for chest pain, black stools, or vomiting blood.

Nutrition & Daily Safety

- GoodRx —  [goodrx.com](https://www.goodrx.com)
- NeedyMeds —  [needymeds.org](https://www.needymeds.org)

Ask your pharmacy about “med sync” so refills align with your clinic visits.

Medication & Cost Support

- Limit sodium to \leq 2,000 mg/day (unless told otherwise).
- Avoid alcohol completely.
- Avoid NSAIDs (ibuprofen, naproxen) unless approved.
- Weigh daily — call if you gain $>$ 2–3 lb/day or $>$ 5 lb/week.
- Keep a home log of medications and warning signs.

Research & Clinical Trials

- **ClinicalTrials.gov**
National database of ongoing studies for cirrhosis, portal hypertension, and complications of advanced liver disease, including new therapies to prevent decompensation and hospitalizations.
- **Evidentis Clinical Research**
Clinical trial center offering opportunities to participate in clinical studies related to liver and metabolic health.
 (682) 651-1112 |  evidentisresearch.com
- **Texas Liver Care** can also connect you with studies offered through Evidentis and other collaborating research networks.

Participation in clinical research helps advance future treatments and may expand access to promising therapies under expert medical supervision.

TLC Tips – Staying Safe with Portal Hypertension

- Never miss your endoscopy (EGD) — these visits prevent life-threatening bleeds; use reminders to stay on track.
- After banding, follow all diet and medication instructions — some patients may receive a short course of medicine (like sucralfate) to protect the esophagus.
- Take beta-blockers at the same time each day; do not stop without your doctor’s advice.

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- Limit sodium to \leq 2,000 mg/day (unless told otherwise) and avoid alcohol or NSAIDs unless approved.
- Check all over-the-counter and herbal products with your care team to avoid bleeding risk.
- Have a bleed plan: who to call, where to go, and how to get there.

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