



ST VINCENT'S
HOSPITAL
MELBOURNE

Where does the liver fit? A Liver Nurse Clinic that is about teaching people about tertiary care.

Anne Craigie and Susanne Glasgow
NP and CNC @ SVHM

DISCLOSURES

Anne has received prior Honorarium from AbbVIE Pharmaceuticals and Gilead Sciences Pty Ltd for speaking engagements and conference attendance support.



Acknowledgement of Country



I would like to associate with the previous speakers by saying that I recognise we are all meeting in Naarm on the traditional lands of the Wurundjeri Woi-wurrung people.

Liver Nurse Profile

Anne:

Part of the Statewide Hepatitis Team Nursing Team – LM, AE, CL & SHP Pharmacy

We've been place in prisons since 2015

We are an in-reach service, taking a liver clinic into the prison

- > 10,0000 assessments
- Hepatitis B and C and some hepatitis D
- Lots of cirrhosis
- HCC Dx and navigation with Rx and palliation
- Seeing a lot MAFLD
- Experience with AIH

Liver Nurse Profile

- NP endorsement 2021
- MoC developed pre - endorsement – big dreams!
- **“The HNP will be a point of integration between the primary and tertiary settings “ – one foot in the prison and one foot in the hospital.**
- How do I make a safe clinical space in a hospital for people who aren't used to safety?
- If you keep talking about something enough and you give it some time.....enters Susanne
- Susanne starts teaching me about SVHM Tertiary care

Liver Nurse Profile

Susanne and Kate – Hepatology CNC Team

Provide education and clinical care to patients with liver disease.

In outpatient clinics.

Consult with inpatient specialities.

Focus on linkage to care for people at risk of being lost to follow up or not engaging with traditional services.

Collaborate with multidisciplinary teams & community networks.

Brief Hx of LNDC

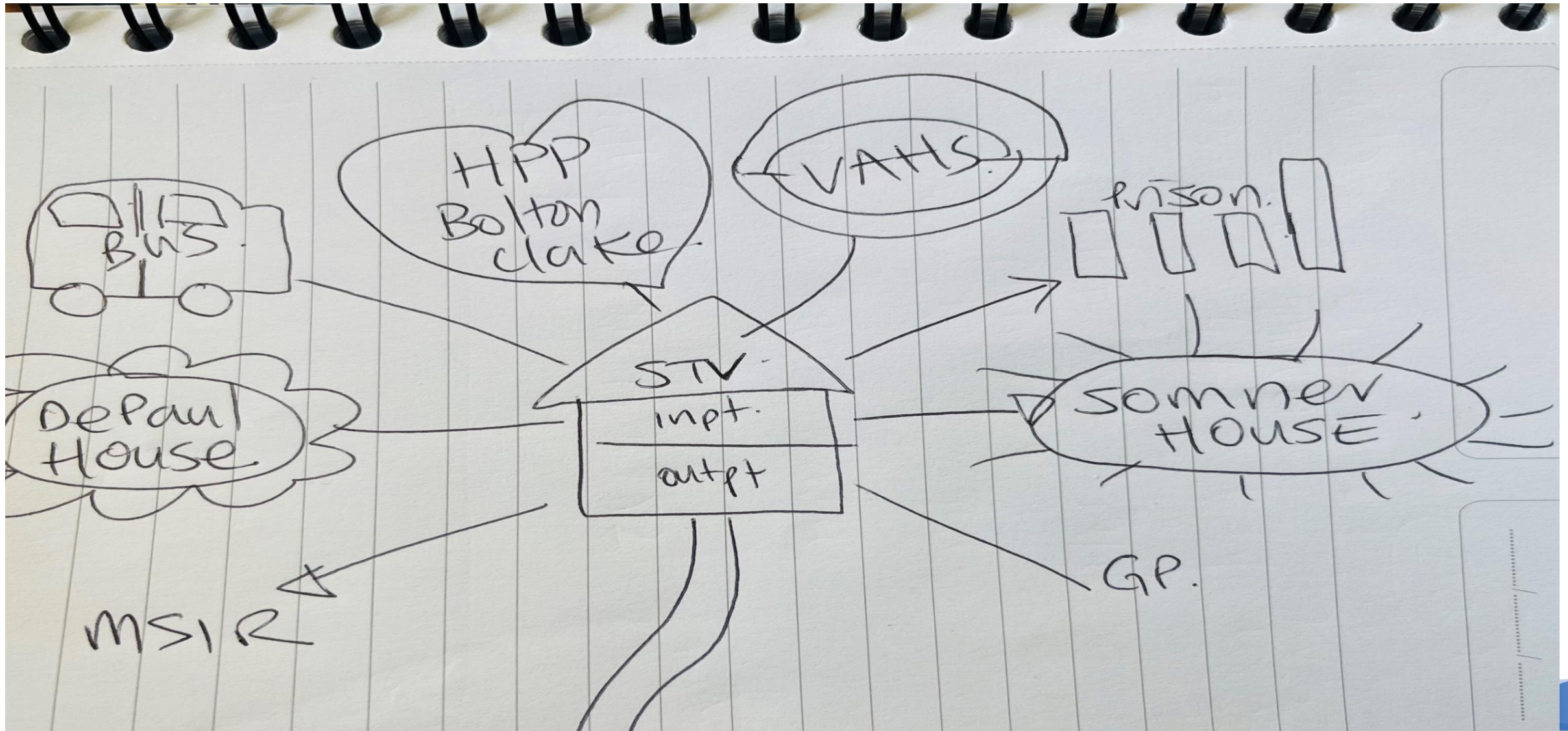
Brief Hx of LNDC

- Commenced in May 2024
- Big Bonus – the only p.m. Liver clinic @ SVHM
- The clinic runs weekly for 2 hours on paper – often goes over time – in Outpatients
- Typically have 6 ? 8 people booked – good mix of ward d/c f/u; GP referrals; AAU; Prison; Community Corrections
- HCV, HBV, HDV, HCC screening, Cirrhosis Management, Alcoholic Liver Disease
- The definition of referral very 'loose' and ? DNA – turning up can be talking to the person's Sister.....
- “we are the clinic where people don't turn up”

While Susanne and I were thinking ? What are we going to talk about?



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Case Study

A B

- 45 yo man – known to the SHP since 02/2016
- HBV, HCV, HDV triple infection on the b/g of substance use Hx – DOC heroin
- seroconverted HBsAg in early 2001
- in and out of custody since at least 2001
- HCV Ab positive/ HCV PCR negative – spontaneous clearance
- flare of ALT in 2008 up to 2700
- HDV serology positive since then
- When we met him in early 2016 – Fscan > 30 kpa, plts < 150
- Was on Entecavir
- Commenced on PegIFN 180mcg weekly for 48-96 weeks
- Got to TW 35 wks with < ALT and < RNA VL – released with 13 weeks of Rx – lost to f/u
- Returned to custody and was sentenced to 5 years



Case Study

A B

- Did not see AB for 5 years – “what are you going to tell me that I don’t already know?”
- Was released and returned 9 months later – chaos, no hep B Rx, starting to feel unwell
- Good engagement then released Jan 2024 – lost again but not before Buleviritide mentioned

- Brad Whitton asked me “ Do you know AB?” after being at Drug Court in Feb 2025

- In comes AB and his Partner to the LNDC the following week
- Not looking or feeling great – on a Drug Court Order and struggling
- The big bonus – secure, public housing
- No hep B Rx – script provided that day and supplied from SVHM OPD pharmacy
- Fscan 31 kpa and liaised with SVHM path a DvA – bloods secured the following day
- No GP, No OST – referral to DoAM sent
- Needs HCC screening – Abdo US appointment pending

Case Study

A B

- Chaos never far way
- Returned to prison for 7 days x 2 - struggles with Drug Court directives
- Lots of text messages and requests for p/c to Case Managers and his Lawyer
- “I’m stuck and lost....they r expecting me to change 30 yrs of me living 1way to start living another way”

- Didn’t get to DoAM but seeing Access Health – transitioning to LAIB without putting him into w/d
- Came into LNDC early July – 4 months between 1st and 2nd visit
- Abdo US secured that day – cirrhosis - hepatosplenomegaly – no HCC
- Recommenced on Carvedilol 3.125mg BD
- Nutrition focus – Sustagen supplied

- Liver Clinic in early September with Dr TP – SHP trained 😊
- AB needs to turn up but we are forgiving when he doesn’t



Case Study

C D

- “You Girls are Great!”
- referred to Gastro via GP - triaged to LNDC – took 2 p/c prior to F2F
- deranged LFTS on the b/g longstanding AUD
- requires fibrosis assessment ? cirrhosis
- Cx by current smoking Hx & past Hx of stage III NSC Lung Ca - completed Rx may 2021
- last seen Medical Oncology OPD April 2025 @ SVHM - no recurrence
- admit under Respiratory 10/2024
- Primary Dx - Primary Diagnosis AF with rapid ventricular rhythm
- - Secondary Diagnosis Metapneumovirus
- - Exacerbation of COPD
- - Alcohol dependence
- - Nicotine dependence
- 6/12 r/v with CT Chest surveillance
- = Got a few things going on



Case Study

C D

- “You Girls are Great!” = We passed the interview
- Prior HCV with Rx in 2019 – Fscan @ Baseline 7. 8 kpa
- Fscan in LNDC 25.3 kpa – F4 Fibrosis with ? CSPHTN - borderline plts
- Strong focus on Nutrition and safe reduction of Alcohol with GP or rehab/detox
- Didn't tell him to stop smoking or stop drinking (1000mls whisky per day) (joints instead of ciggies)
- Good h/o with GP – not safe to w/d without support
- Abdo US – no HCC; diffuse MAFLD
- Liver Clinic f/u soon after – 1st 750ml and now 500mls whisky per day
- Commence naltrexone 25mg daily, increase to 50 after 1 week – hasn't taken yet
- Carvedilol 3.125mg BD - tolerating
- Seeing a Nutritionalist and DoAM
- = d/c from LNDC knowing he can call us anytime

The JR Effect

- JR and Emily Wheeler were instrumental in helping Anne put ideas into a formal document and plan – Hepatology NP MoC
- JR = Nurses+ Research – voice in my head
- From the beginning I said to Susanne, if we don't do Research, JR will kill us!
- We will not get away with “ we don't have time to do research!”
- We want to demonstrate the impact of 2 clinicians working with people who are slipping through the gaps
- Identify the impact of creating an opportunity for people to engage in hospital based care
- It's a work in progress – what are we doing? 😊