



GastroDoxs
— defenders of the digestive system —

Gastric Varices

A Practical Guide For Patients

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TABLE OF CONTENTS

- 01** Introduction
- 02** What Causes Gastric Varices?
- 03** Symptoms
- 04** Diagnosis
- 05** Diet
- 06** Medications
- 07** Therapies
- 08** Coping
- 09** FAQs
- 10** Take Action

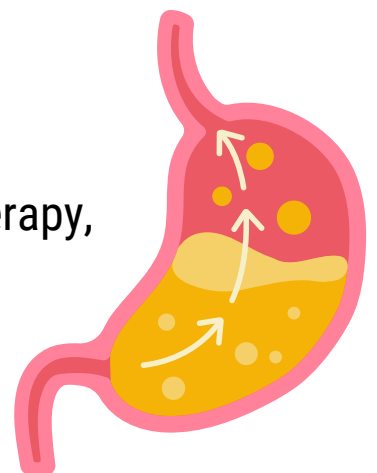


Introduction: **Gastric Varices**

Gastric varices are abnormally enlarged veins in the stomach, often developing as a result of increased pressure in the portal vein, a condition known as portal hypertension. They are less common than esophageal varices but can be equally dangerous, as they carry a high risk of life-threatening bleeding when ruptured. Gastric varices are most frequently associated with chronic liver diseases such as cirrhosis, hepatitis, or portal vein thrombosis. Symptoms may not be evident until bleeding occurs, which can present as vomiting blood, black stools, or severe abdominal pain. Early diagnosis through endoscopy and timely treatment are crucial to prevent complications and improve patient outcomes.

Key Takeaways

- Gastric varices are enlarged veins in the stomach caused by portal hypertension.
- Commonly linked to liver diseases such as cirrhosis, hepatitis, or portal vein thrombosis.
- Often asymptomatic until rupture and bleeding occur.
- Symptoms of bleeding include vomiting blood, black stools, and abdominal pain.
- Diagnosis is typically confirmed through endoscopy or imaging.
- Treatment may involve medications, endoscopic therapy, or shunt procedures.
- Untreated gastric varices carry a high risk of severe, life-threatening hemorrhage.



What Causes Gastric Varices?

Known Causes

Gastric varices are caused by increased pressure in the portal venous system, a condition known as portal hypertension. This pressure forces blood to reroute through smaller veins in the stomach, causing them to enlarge and weaken. The most common underlying cause is liver cirrhosis, which results from chronic liver diseases such as hepatitis, alcohol-related liver damage, or fatty liver disease. Other contributing factors include portal vein thrombosis (blood clots in the portal vein), splenic vein obstruction, and, less commonly, congenital or idiopathic portal hypertension. As the veins become engorged, they are prone to rupture, leading to potentially life-threatening bleeding. Thus, addressing the root causes of portal hypertension is key to prevention and management.

- **Portal hypertension** the primary underlying cause.
- **Liver cirrhosis** most common cause, often from alcohol, hepatitis, or fatty liver disease.
- **Chronic hepatitis (B or C infections)** leading to liver damage and scarring.
- **Alcohol-related liver disease** progressive damage increasing portal pressure.
- **Non-alcoholic fatty liver disease (NAFLD/NASH)** cirrhosis without alcohol use.
- **Portal vein thrombosis** blood clots blocking normal blood flow.
- **Splenic vein thrombosis** increasing venous pressure near the stomach.

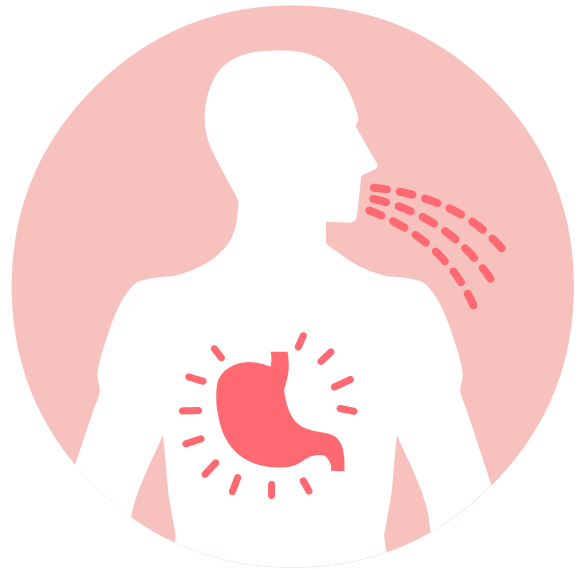


Common Signs & Symptoms

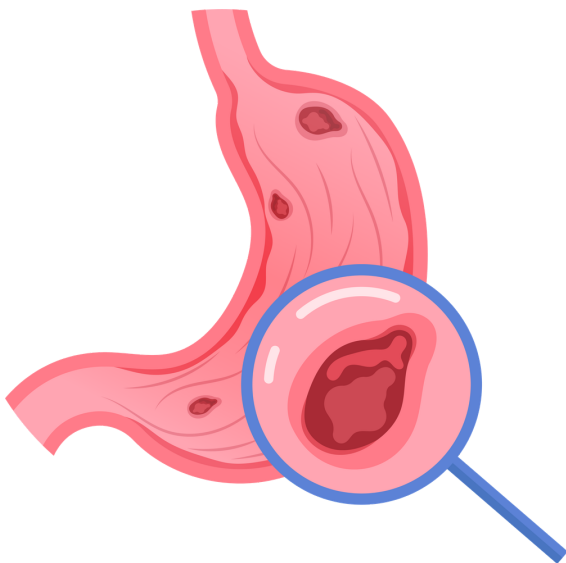
Common signs and symptoms of gastric varices often remain silent until bleeding occurs. When ruptured, they may cause vomiting blood, black or tarry stools, dizziness, low blood pressure, rapid heartbeat, and severe abdominal pain, indicating a medical emergency.

Core Symptoms Include:

- Vomiting blood (hematemesis)
- Black, tarry stools (melena)
- Dizziness or fainting from blood loss
- Low blood pressure and rapid heartbeat
- Severe abdominal discomfort or pain
- Signs of shock in severe bleeding cases



Severe cases can also cause:



- Massive gastrointestinal bleeding
- Hypovolemic shock (dangerously low blood volume)
- Confusion or altered mental status
- Organ failure due to poor circulation
- Life-threatening hemorrhage requiring urgent medical intervention



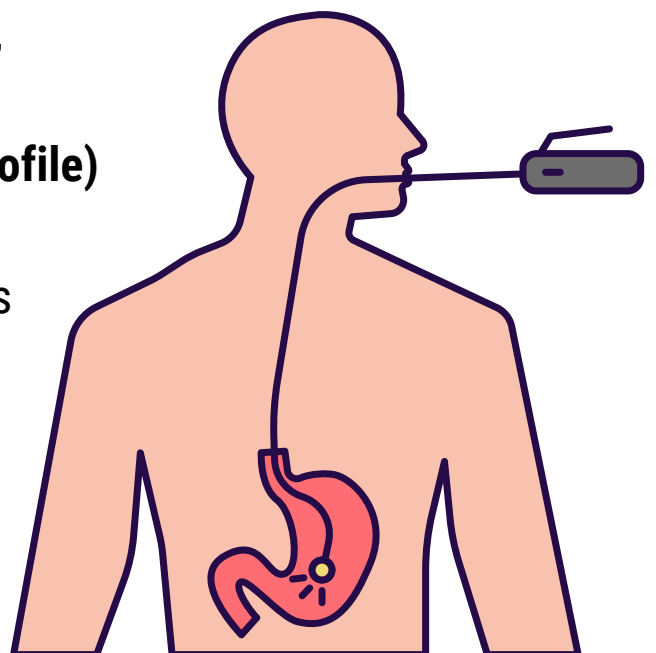
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Diagnosis & Medical Testing

Diagnosis of gastric varices typically involves endoscopy to directly visualize enlarged veins in the stomach. Imaging tests such as CT scans, MRI, or Doppler ultrasound may assess portal hypertension and blood flow, while blood tests evaluate liver function and clotting status.

Diagnostic Tools

- **Upper gastrointestinal endoscopy** gold standard for direct visualization.
- **Endoscopic ultrasound (EUS)** provides detailed vein structure and blood flow.
- **CT scan with contrast** detects varices and portal hypertension complications.
- **MRI/MR angiography** evaluates portal circulation and collateral veins.
- **Doppler ultrasound** measures blood flow in the portal and splenic veins.
- **Capsule endoscopy** noninvasive option for gastrointestinal bleeding assessment.
- **Angiography** maps venous circulation, used for interventional planning.
- **Blood tests (liver function, clotting profile)** assess liver disease severity.
- **Fecal occult blood test (FOBT)** detects hidden gastrointestinal bleeding.
- **Hepatic venous pressure gradient (HVPG) measurement** evaluates portal hypertension severity.

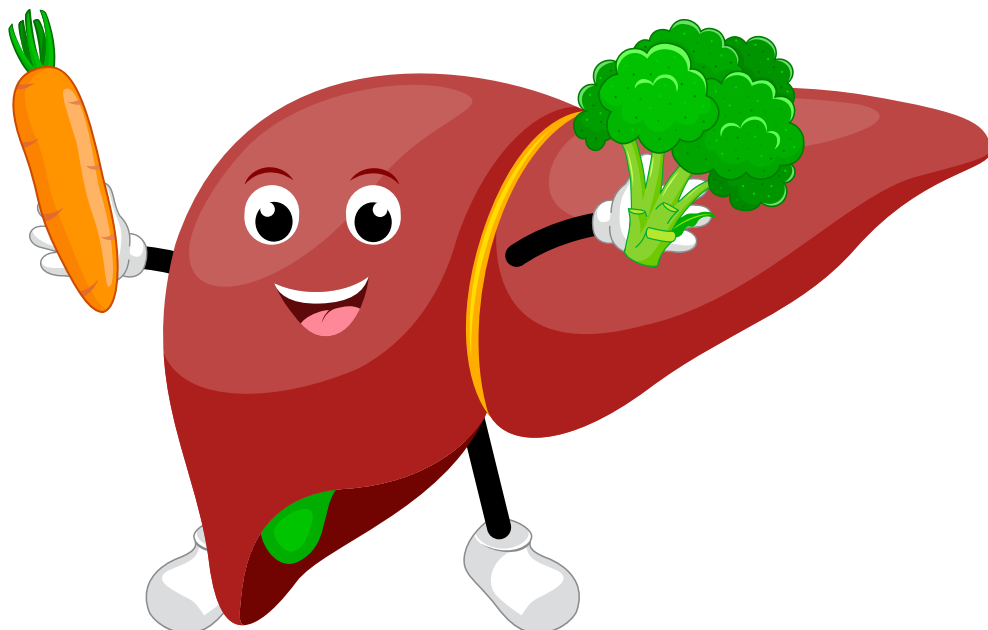


Diet

A gastric varices friendly diet focuses on protecting liver health and reducing portal hypertension risk. Patients should eat balanced meals rich in fruits, vegetables, lean proteins, and whole grains, while avoiding alcohol, high-sodium foods, processed items, and excessive fatty or fried foods.

Key Insights

- Prioritize liver-friendly foods (fruits, vegetables, whole grains, lean proteins).
- Avoid **alcohol completely** to prevent worsening liver damage.
- Limit **sodium intake** to reduce fluid retention and portal pressure.
- Reduce **fatty, fried, and processed foods** to ease liver strain.
- Eat **smaller, frequent meals** to support digestion.
- Stay hydrated with water and herbal teas.
- Include **high-fiber foods** to prevent constipation and reduce abdominal pressure.
- Avoid raw seafood (risk of infections harmful to liver patients).



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Medications & Treatment Options

Medications and treatment for gastric varices focus on lowering portal pressure and preventing bleeding. Common options include nonselective beta-blockers, vasoconstrictors, and endoscopic therapies. In severe cases, TIPS (shunt procedure) or surgery may be required alongside strict lifestyle and dietary management.

Treatment Options

- **Nonselective beta-blockers (e.g., propranolol, nadolol)** lower portal pressure.
- **Vasoconstrictors (e.g., octreotide, terlipressin)** reduce blood flow to varices.
- **Endoscopic variceal ligation (EVL)** banding to prevent bleeding.
- **Endoscopic injection therapy (cyanoacrylate/glue)** seals bleeding varices.
- **Transjugular Intrahepatic Portosystemic Shunt (TIPS)** reduces portal hypertension.
- **Balloon tamponade** temporary control of severe bleeding.
- **Surgical shunts** used when other methods fail.
- **Liver transplantation** definitive treatment for advanced cirrhosis.
- **Antibiotics** prevent infection during variceal bleeding episodes.
- **Lifestyle modifications** avoiding alcohol, low-sodium diet, managing liver disease.

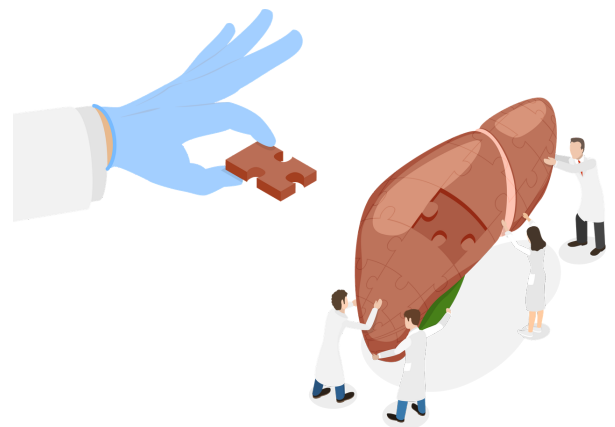


Advanced Therapies & Procedures

Advanced therapies for gastric varices include endoscopic cyanoacrylate injection and band ligation to control bleeding. For refractory cases, **transjugular intrahepatic portosystemic shunt (TIPS)**, **balloon-occluded retrograde transvenous obliteration (BROTO)**, or even liver transplantation may be considered to manage portal hypertension and prevent recurrence.

Therapy Options

- **Nonselective beta-blockers** reduce portal hypertension.
- **Vasoconstrictors (octreotide, terlipressin)** control acute bleeding.
- **Endoscopic band ligation (EVL)** prevents rupture in select cases.
- **Endoscopic cyanoacrylate injection** effective for active bleeding.
- **Endoscopic ultrasound-guided therapy** coil or glue injection for precision.
- **Balloon tamponade** temporary rescue for massive bleeding.
- **Transjugular Intrahepatic Portosystemic Shunt (TIPS)** lowers portal pressure in refractory cases.
- **Balloon-occluded Retrograde Transvenous Obliteration (BROTO)** blocks gastric varices drainage.
- **Surgical shunt procedures** used when endoscopic/TIPS fails.
- **Liver transplantation** definitive cure in advanced liver disease.



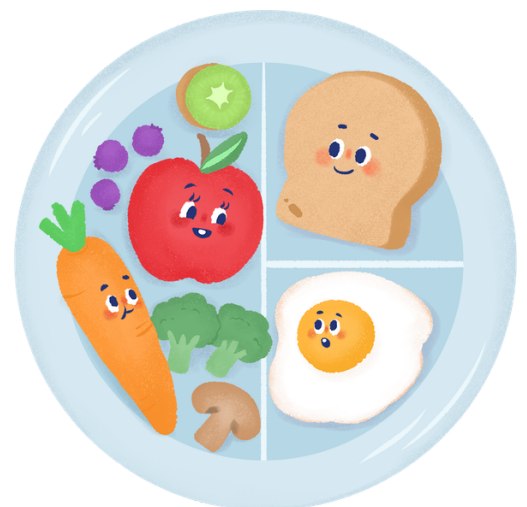
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Coping With **Gastric Varices**

Coping with gastric varices requires strict adherence to medical advice, avoiding alcohol, limiting salt intake, and maintaining a liver-friendly diet. Regular monitoring, stress management, and timely treatment of liver disease are essential to reduce bleeding risks and improve outcomes.

Practical Strategies

- Completely avoid alcohol to protect the liver.
- Follow a **low-sodium diet** to prevent fluid buildup.
- Eat **balanced, small frequent meals** for easier digestion.
- Stay away from raw seafood to reduce infection risk.
- Take prescribed medications (e.g., beta-blockers) consistently.
- Attend regular check-ups and endoscopic monitoring.
- Manage stress with relaxation practices (yoga, meditation, breathing).
- Maintain a healthy weight and avoid heavy lifting/straining.
- Stay hydrated with water and safe fluids.
- Seek urgent care if vomiting blood or passing black stools.



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FAQS About Gastric Varices



Q1: What are gastric varices?

A: Gastric varices are enlarged veins in the stomach caused by high pressure in the portal vein, often due to liver disease.

Q2: What causes gastric varices?

A: They usually result from portal hypertension linked to cirrhosis, hepatitis, portal vein thrombosis, or splenic vein blockage.

Q3: What symptoms should I watch for?

A: Most remain silent until bleeding occurs. Warning signs include vomiting blood, black stools, dizziness, and severe abdominal pain.

Q4: How are gastric varices diagnosed?

A: Endoscopy is the gold standard, while CT scans, MRIs, and Doppler ultrasound help assess portal hypertension and complications.

Q5: Can gastric varices be treated or prevented?

A: Yes. Medications, endoscopic therapies, TIPS, or surgery can control bleeding, while lifestyle changes like avoiding alcohol and eating a liver-friendly diet help prevention.



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Take **Action**

If you experience **Gastric Varices**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.



**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT

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