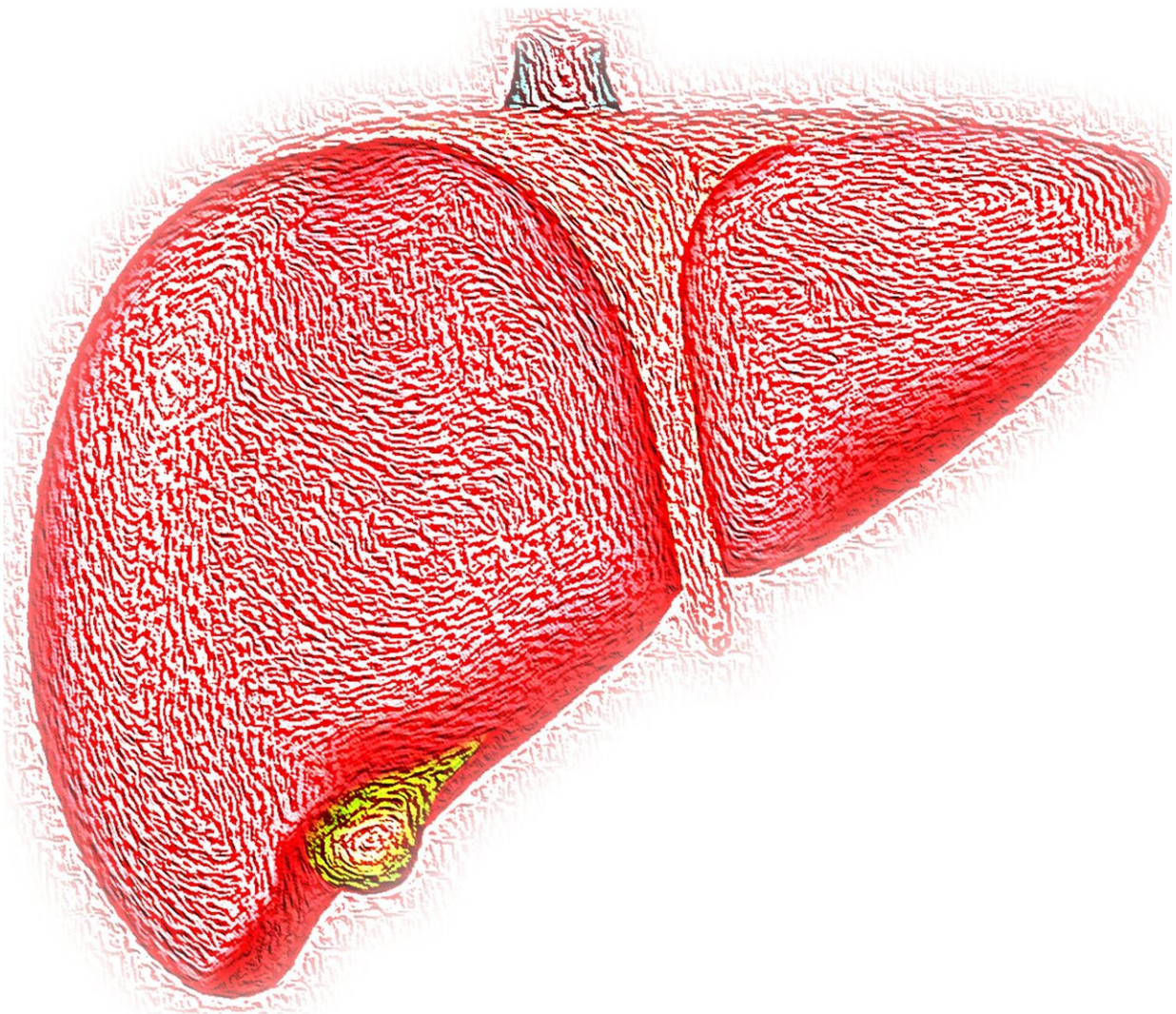


AGA recommends change in testing protocol for cirrhosis patients

November 3 2021



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Patients with cirrhosis, or permanent liver damage, are at higher risk for coagulation disorders, which impact your body's ability to control blood clotting. This puts cirrhosis patients at increased risk of morbidity and mortality when undergoing diagnostic or therapeutic invasive procedures. The American Gastroenterological Association (AGA) has released new clinical guidelines to change how physicians identify and treat coagulation disorders in patients with cirrhosis. In this new guidance, AGA recommends against the use of extensive preprocedural testing to estimate clotting in patients with cirrhosis. These guidelines, which were developed after a detailed review of available literature, are published in *Gastroenterology*, AGA's official journal.

"Patients with [cirrhosis](#) typically have abnormal markers of coagulation, which in the past were interpreted as indicating a higher risk of bleeding," says lead author Dr. Robert S. O'Shea of the Cleveland Clinic Main Campus in Cleveland, Ohio. "However, this has not been borne out in [clinical practice](#), and accumulating evidence suggests that the use of these tests is inappropriate. Despite this, because of the concerns related to these tests of blood clotting, the care of these patients has been compromised—requiring frequent and often unnecessary testing or transfusion prior to undergoing routine procedures important in their treatment. This has essentially exposed them to risk with no benefit."

Key guideline recommendations:

1. Extensive preprocedural testing, including measurements of prothrombin time/international normalized ratio (PT/INR) or platelet count, should not routinely be performed in patients with stable cirrhosis undergoing common GI procedures.

2. Blood products, including fresh frozen plasma (FFP) or platelet transfusion, should not routinely be used for bleeding prophylaxis in patients with stable cirrhosis undergoing common GI procedures.
3. Standard pharmacologic venous thromboembolism (VTE) prophylaxis should be given to hospitalized patients with cirrhosis like other medical patients.
4. Anticoagulation should be used to treat acute or subacute nontumoral portal vein thrombosis (PVT) in patients with cirrhosis to improve patient outcomes.

Cirrhosis is permanent injury or damage to the liver by [chronic diseases](#), such as viral hepatitis (b or c), nonalcoholic fatty liver disease, hemochromatosis or long-term alcohol abuse. Learn more in the [AGA GI Patient Center](#).

[The AGA Clinical Practice Guidelines on the Management of Coagulation Disorders in Patients with Cirrhosis](#) provides complete recommendations.

More information: Robert S. O'Shea et al, AGA Clinical Practice Guideline on the Management of Coagulation Disorders in Patients With Cirrhosis, *Gastroenterology* (2021). [DOI: 10.1053/j.gastro.2021.08.015](https://doi.org/10.1053/j.gastro.2021.08.015)

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Provided by American Gastroenterological Association

Citation: AGA recommends change in testing protocol for cirrhosis patients (2021, November 3)

retrieved 25 December 2023 from

<https://medicalxpress.com/news/2021-11-aga-protocol-cirrhosis-patients.html>

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