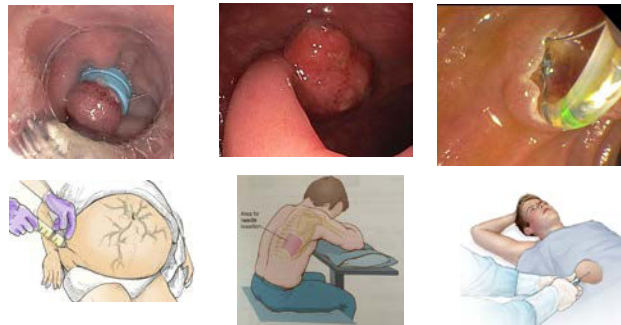


AGA Institute Clinical Practice Guideline on Management of Coagulation Disorders in Patients with Cirrhosis

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Common gastrointestinal procedures



In patients with stable cirrhosis undergoing common procedures:

No recommendation for pre-procedure visco-elastic testing to predict bleeding risk (knowledge gap)

Suggest against use of extensive pre-procedural laboratory testing, including repeated measurements of PT/INR and platelets, for bleeding prophylaxis (conditional recommendation, very low-quality evidence)

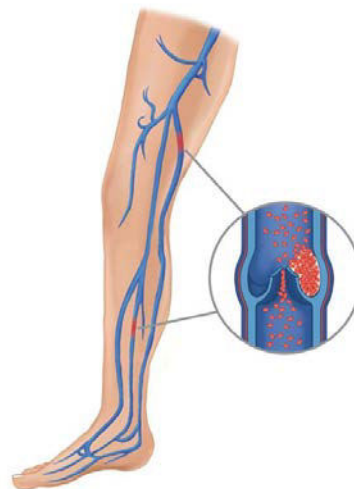
Suggest against routine use of blood products (FFP, platelets) for bleeding prophylaxis (conditional recommendation, very low-quality evidence)

Comment: This recommendation applies to the majority of patients with stable cirrhosis who usually do not have severe thrombocytopenia or severe coagulopathy. In patients with severe derangements in coagulation or platelet testing undergoing a procedure with high-risk for bleeding, decisions about prophylactic blood transfusions should include shared decisions about potential benefits and risks (including transfusion reactions and delay of procedure) and in consultation with a hematologist.

Suggest against routine use of thrombopoietin receptor agonists for bleeding prophylaxis (conditional recommendation, very low-quality evidence)

Comment: patients who place a high value on the uncertain reduction of procedural bleeding events and a low value on the increased risk for portal vein thrombosis may reasonably select a thrombopoietin receptor agonist.

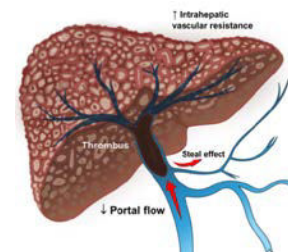
Prophylaxis against venous thromboembolism



In hospitalized patients with cirrhosis and who otherwise meet standard guidelines for venous thromboembolism prophylaxis:

Suggest standard anticoagulation prophylaxis over no anticoagulation (conditional recommendation, very low-quality evidence)

Portal vein thrombosis



In patients with cirrhosis:

Suggest against the routine screening for portal vein thrombosis. (conditional recommendation, very low-quality evidence)

Comment: Patients undergoing evaluation or listed for liver transplant who put a high value on the uncertain benefits of portal vein thrombosis screening and a low value on the potential harms related to treatment would reasonably select screening.

In patients with cirrhosis and subacute non-tumoral portal vein thrombosis:

Suggest using anticoagulation over no anticoagulation for treatment (conditional recommendation, very low-quality evidence)

Comment: Patient, who put high value on the bleeding risk on anticoagulation and lower value on uncertain benefits of anticoagulation would reasonably choose no anticoagulation.

Atrial fibrillation



In patients with cirrhosis and atrial fibrillation who have an indication for anticoagulation:

Suggest using anticoagulation over no anticoagulation (conditional recommendation, very low-quality evidence)

Comment: Patients, particularly those with more advanced cirrhosis (Child's Turcotte Pugh class C) and/or low CHA2DS2-VASC scores who put high value on avoiding the bleeding risk on anticoagulation and lower value on the stroke reduction, would reasonably choose no anticoagulation.