**Clinical Decision Support Tool:**

**Management of Coagulation Disorders in Patients With Cirrhosis**

### Peri-procedure management

**Patient with stable cirrhosis undergoing common gastrointestinal procedures:**
- EGD with variceal banding
- Colonoscopy/polyectomy
- ERCP/sphincterotomy
- Paracentesis
- Thoracentesis
- Liver biopsy

**No recommendation**

- 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 platelet count (conditional recommendation, very low-certainty evidence)

- Routine use of blood products (FFP, platelets) for bleeding prophylaxis (conditional recommendation, very low-certainty 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 thrombocytopenia undergoing a procedure with high-risk for bleeding, decisions about prophylactic blood transfusions should include discussions about potential benefits and risks (including transfusion reactions and delay of procedure) in consultation with a hematologist.

- Routine use of thrombopoietin receptor agonists for bleeding prophylaxis (conditional recommendation, very low-certainty 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.

### Portal vein thrombosis

**Screening for portal vein thrombosis in patients with cirrhosis**

**Suggest against**

- Routine screening for portal vein thrombosis (conditional recommendation, very low-certainty evidence)
  - **Comment:** Patients who put a high value on the uncertain benefits of portal vein thrombosis screening and a low value on the potential downsides and harms related to treatment would reasonably select screening. This does not apply to patients who are listed for liver transplantation.

**Patients with cirrhosis and acute or subacute non-tumoral portal vein thrombosis**

**Suggest for**

- Using anticoagulation over no anticoagulation for treatment (conditional recommendation, very low-certainty evidence)
  - **Comment:** Patients who put a higher value on the bleeding risk on anticoagulation and a lower value on the uncertain benefits of anticoagulation would reasonably choose no anticoagulation.

### Anticoagulation

**Hospitalized patients with cirrhosis who otherwise meet standard guidelines for venous thromboembolism prophylaxis**

**Suggest for**

- Standard anticoagulation prophylaxis over no anticoagulation (conditional recommendation, very low-certainty evidence)

**Patients with cirrhosis and atrial fibrillation who have an indication for anticoagulation**

**Suggest for**

- Using anticoagulation over no anticoagulation (conditional recommendation, very low-certainty 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.

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