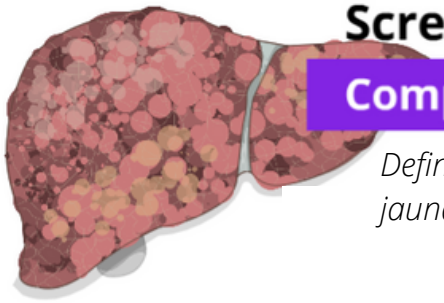

Screen for Complications

Compensated cirrhosis

Defined by: the absence of ascites, hepatic encephalopathy, variceal bleeding or jaundice.

HCC Surveillance

- Ultrasound and alpha-fetoprotein (AFP) Q6 monthly

Lab Surveillance

- CBC, ALT, Bilirubin, albumin, INR, creatinine, Na Q6 monthly
- Start Vitamin D supplementation of 1000 IU/day in all patients if testing not available, or measure a level & adjust dosing

Does the patient have clinically significant portal hypertension?
Do they need variceal suveillance?

- Clinically significant portal hypertension (CSPH) can be diagnosed by any of the following: 1) Varices or collaterals seen on imaging ; 2) Fibroscan >20-25kPA + platelets <150 OR Fibroscan >25 kPA ; 3) Hepatic venous pressure gradient >10 mmHg.
- In the presence of CSPH, carvedilol can reduce the risk of decompensation (see PMID 30910320 and Baveno Guidelines PMID 35120736)
- Titrate to carvedilol 6.25 mg po bid or maximally tolerated dose.
- Patients on carvedilol/a non-selective beta-blocker DO NOT need screening endoscopy.
- Patients with compensated cirrhosis who are not placed on carvedilol/NSBBs should undergo an endoscopy for variceal screening if the liver stiffness by Fibroscan is ≥20 kPa or platelet count is ≤150,000

See the Varices page for more info on variceal prophylaxis

Link to Baveno Guidelines