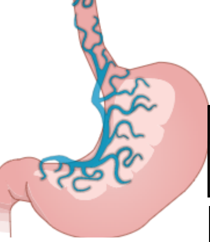

Variceal Surveillance – Compensated Cirrhosis

High risk varices unlikely

Fibroscan <20 kPa AND platelets >150,000

There is a <5% likelihood of high-risk varices. Repeat Fibroscan score & platelet count yearly

Signs of Clinically significant portal hypertension (CSPH)

- **Fibroscan >20-25 kPa AND Platelet count <150,000**
- **Fibroscan >25 kPa**
- **Varices or collaterals seen on imaging**

Begin Carvedilol (first choice) to reduce the risk of clinical decompensation (Baveno VII PMID 35120736).
Titrate Carvedilol to a target dose of 6.25 mg PO BID

Is the Carvedilol tolerated?

YES

No need for gastroscopy if Carvedilol tolerated

NO

Choose an alternative NSBB (see practical tips for NSBB use)

See practical tips for NSBB use

If still poorly tolerated, proceed to gastroscopy

Esophageal varices classification

The Baveno classification of esophageal varices classifies small varices (<5mm) separate from medium/large varices (≥5 mm)

Endoscopic grading of Esophageal Varices

NONE

- **Endoscopy in 2-3 years** (2 years if the disease etiology is still active, i.e. alcohol use, obesity)

LOW RISK VARICES (small varices <5mm, no red wale signs, Child Pugh A or B)

- Consider starting Carvedilol or NSBB to reduce the risk of decompensation

HIGH RISK VARICES (large varices ≥5mm or red wale signs)

- Carvedilol or NSBB preferred over endoscopic band ligation (Baveno VII PMID 35120736).

See more info to guide your choice

Gastric varices classification

Sarin grading of Gastric varices

GOV1

- Manage as per esophageal varices

GOV2 or IGV1

- **These patients have CSPH.** Baveno VII suggests the initiation of carvedilol/NSBB and that further studies are required