

## Appropriate Review of Long Term Anticoagulation is Overlooked in Patients with Liver Cirrhosis

**Tausif Hussain**

East Lancashire Teaching Hospital NHS Trust, Blackburn

### Abstract:

Patients with liver cirrhosis may have other co-existing medical conditions requiring long term anticoagulation e.g. previous blood clots, atrial fibrillation, etc. The options available for oral anticoagulation include – warfarin or DOACs.

The aim of our study was to determine the most appropriate anticoagulation for patients with cirrhosis.

Literature review was undertaken and involved looking at EASL, European Society of Vascular Surgery, World Society of Emergency Surgery, among others.

The results were then discussed in the local MDT.

**Outcome** – The use of Direct Oral Anticoagulants (DOACs) vs. Warfarin in cirrhotic patients with portal hypertension is a complex decision that depends on the severity of liver disease, bleeding risk, and thrombotic indications.

### Child-Pugh A:

DOACs are generally safe and preferred over warfarin due to stable pharmacokinetics.

Apixaban or Rivaroxaban are most commonly used.

### Child-Pugh B:

DOACs can be used with caution, but dose adjustment may be required.

Apixaban is preferred over other DOACs.

Avoid Rivaroxaban and Edoxaban due to higher hepatotoxicity risk.

### Child-Pugh C:

DOACs are NOT recommended due to impaired metabolism and increased bleeding risk.

Warfarin is the safer option, but with careful INR monitoring.