Coagulation Monitoring And Management In Hepatic Patients Undergoing Surgery

K Yassen MD FFARCSI
Chairman and Prof Anaesthesia
Liver Institute, Menoufiya University
Egypt
kyassen@hotmail.com

In the course of liver disease many patients develop coagulation and bleeding disorders, while some patients might develop thromboembolic events in the perioperative period with fatal outcomes. For this reason coagulation monitoring is important for adequate management. The thromboelastogram (TEG) and the Rotational thromboelastometry analyzer are one of the used coagulation monitors that measure the viscoelastic changes accompanying blood coagulation and lysis. Transfusion practice is likely to differ according to the method of coagulation monitoring used.

Congenital clotting factors deficiencies need to be detected as they can alter the management such as protein C deficiency, abnormal factor V (Leiden) mutation gene. Dilution of coagulation factors, hyperfibrinolysis, decreased platelet aggregation, release of heparine-like substances from hepatocytes and mediators from white blood cells are some of the many factors that can lead to a complex haemostatic status.

Prior to surgery in hepatic patients measuring the blood levels of Protein C and S, antithrombin III and factor V can help to understand the coagulation profile. The use of Recombinant factor VII is now gaining grounds among the hepatic patients undergoing transplantation.