
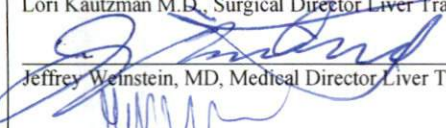
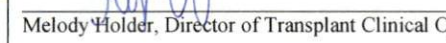
 The Transplant Institute METHODIST DALLAS Methodist Dallas Medical Center	Title: Portal Vein Thrombosis (PVT) Protocol	Effective Date: 6/29/2017
	Section: Liver	
Approved by:  _____ Lori Kautzman M.D., Surgical Director Liver Transplant		Revision Date(s): 03/19/2018; 09/27/2021; 03/01/2022; 06/2026
 _____ Jeffrey Weinstein, MD, Medical Director Liver Transplant		
 _____ Melody Holder, Director of Transplant Clinical Operations		
		Next review Date: 06/2029

Purpose: To ensure timely and uniform evaluation and monitoring of patients with PVT

Policy: The following tests will be done on all patients with suspicion or diagnosis of PVT

1) **Evaluation**

- Patients with a new partial or occlusive PVT seen on US/Doppler should be confirmed via CT or MRI with contrast
 - **Non-Occlusive and Occlusive PVT as confirmed by cross sectional imaging**
 - Once PVT is confirmed the following labs should be drawn as part of a hypercoagulable work up
 - Factor 5 Leiden
 - Prothrombin Mutation
 - Protein C/S
 - Anti-thrombin III
 - Lupus Anticoagulant (For Antiphospholipid Syndrome – APLS)
 - Cardiolipin Antibody (For APLS)
 - Beta 2 glycoprotein Antibody (For APLS)
 - Antiphospholipid Antibody panel (For APLS)
 - Beta 2 glycoprotein Antibody (For APLS)
 - Antiphospholipid Antibody panel (For APLS)
 - Radiology Rounds review with Transplant Surgeon for clearance
 - Review patient in Selection Committee to determine
 - Need for Hematology Referral for consideration of anticoagulation therapy and post-transplant considerations and recommendations
 - Hepatology approval for anticoagulation, if recommended
 - Further imaging frequency
 - Coordinator to note diagnosis of PVT in Epic Episode Note
 - If EGD has not been performed in the past 12 months, assess need for follow up

* If pre- transplant patient develops a PVT after listing, work up should be completed as indicated above and patient should be brought back to Selection Committee to discuss

2) **Monitoring**

- Monitoring to be determined by Selection Committee decision
- All imaging must be reviewed by Transplant Surgery during Radiology Rounds

***** Patients who present with SMV thrombosis and PVT should be made Status 7 until cleared by Transplant Surgery *****

3) **Post-Operative**

- Patient with mechanical thrombectomy should have a repeat US/Doppler on POD#5
- Start ASA on POD# 1
- Follow anticoagulation recommendations from Hematology/Oncology if applicable