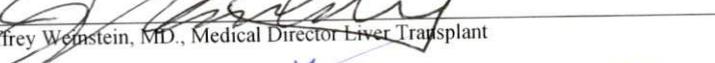


 <b>Methodist Dallas Medical Center</b>	<b>Title:</b> Pulmonary Hypertension Protocol	<b>Effective Date:</b> 09/02/2004
	<b>Section:</b> Liver	
<b>Approved by:</b>  Anthony Aramoonie, DO., Director Transplant Anesthesia <hr/>  Lori Kautzman, M.D., Surgical Director Liver Transplant <hr/>  Jeffrey Weinstein, MD., Medical Director Liver Transplant <hr/>  Imran Afridi, MD <hr/>  Amit Mann, MD		<b>Revision Date(s):</b> 02/08/2006; 11/02/2017; 09/13/2021; 04/01/2025  <b>Next review Date:</b> 04/2028

**Purpose:** To ensure timely and uniform evaluation of patients with pulmonary hypertension

**Policy:**

- 1) All patients being evaluated or re-evaluated for liver transplantation will have a 2D echocardiogram with bubble study and estimation of Pulmonary Artery (PA) pressures.
- 2) Follow-up will be as follows:

Right Ventricular Systolic Pressure (RVSP)	Follow-up
RVSP <35	Echocardiogram every year
RVSP 35-40	Echocardiogram every 6 months Fax results to Cardiology for Review
RVSP 40-44	Echocardiogram every 3 months Review results in Selection Committee
RVSP >45	Right heart catheterization

**\*\* All Right Heart Catheterization Results to be reviewed in Selection Committee for transplant clearance and monitoring recommendations \*\***

Primary Pulmonary Arterial Hypertension (HTN)

- Mean PA pressure >35-Do not List
- Mean PA pressure>25-Consider Pulmonary Arterial HTN treatment

Pulmonary HTN due to volume overload

- Mean PA Pressure > 25 and <35 - Discuss treatment plan and monitoring with primary hepatologist or hepatologist on service.

- 3) Patients with pulmonary arterial hypertension who received a MELD exception will undergo right heart catheterization every 3 months per National Liver Review Board (NLRB) guidelines to document:
  - Mean PA pressure
  - Pulmonary Vascular Resistance (PVR)
  - Pulmonary Capillary Wedge Pressure (PCWP)
- 4) Critical Care Transfers - Patients with hemodynamic changes not related to blood loss should have an echocardiogram with estimation of PA pressures on arrival to ICU
- 5) Transplant Admissions - Patients with a known diagnosis of Pulmonary Arterial Hypertension should be admitted to the ICU at the time of organ offer for an urgent Cardiopulmonary Consult and Swan-Ganz placement. Swan Ganz should remain in place for 24-48 hours. Transplant should not proceed if Mean PA pressure is  $>35$ . Continue treatment for Pulmonary Arterial HTN per Cardiopulmonary recommendations
- 6) Post-Transplant - Continue medications per Cardiology/Pulmonary recommendations, and follow up outpatient with Cardiology/Pulmonary once discharged.