Summary: Bleeding less, clotting more: Unravelling coagulation disorders in liver disease

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Postgraduate Teaching Programme Barcelona 2026 | Presentation

Hepatobiliary

October 18, 2026

The speaker reviewed haemostatic management principles in cirrhosis patients, emphasizing treatment of underlying causes, selective hemostatic support, and careful management of antithrombotic therapy around procedures.

KEY POINTS

- For portal hypertension-driven bleeding, the speaker recommended considering early TIPS intervention, which the speaker stated has good data supporting it
- The speaker advised being very restrictive with transfusions and avoiding overcorrection at first sight, though thresholds may change in bleeding patients with hemodynamic shock
- Management priorities include treating the bleeding cause, controlling infection and sepsis, improving kidney function, and stabilizing ACLF
- Antithrombotic drugs are increasingly given to cirrhosis patients and may be beneficial in many, but the speaker recommended using an algorithm to stop them before high-risk procedures
- Haemostatic balance changes occur in compensated cirrhosis affecting platelets, plasma factors, and endothelium, with further alterations in decompensated cirrhosis particularly with acute kidney injury and infections

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