Varices management during the COVID-19 outbreak

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During the coronavirus outbreak, access to endoscopy has been drastically reduced and it is important that patients have minimal contact with the hospital. Many patients undergoing variceal surveillance/band ligation fall into the high risk bracket in whom 12 weeks of self isolation is now recommended. The risk benefit ratio of attending for endoscopy therefore needs to be considered carefully on an individual case basis and will depend also on the duration of the outbreak.

The following recommendations are being made taking into account the BSG guidelines, Baveno VI guideline and other peer reviewed data. This protocol is only applicable during the COVID-19 outbreak and deviates from standard practice:

Primary prophylaxis of bleeding

Non selective beta blockers (NSBB) should be commenced in the following patients to prevent 1st variceal haemorrhage (primary prophylaxis) unless contraindicated:
Childs Pugh C cirrhosis with known gd 1 oesophageal varices.
All patients with gd 1 oesophageal varices with red spots.
All patients with gd 2-3 oesophageal varices.
All patients with large gastric varices.

Consider also in the following patients:
Known grade 1 oesophageal varices and active large volume alcohol consumption.
Acute severe alcoholic hepatitis (when varices status unknown).
1st presentation of Childs Pugh C cirrhosis with portal hypertension on imaging (where varices status unknown).

Patients who are already in a banding programme who have undergone band ligation in the last 6 months should be advised to commence an NSBB unless already on (and contraindicated).

Secondary prophylaxis of bleeding

Patients with an active variceal haemorrhage will require emergency endoscopy.
Thereafter, patients will have one further endoscopy at 2 weeks - and potentially a second at 6 weeks determined on a case by case basis.
All patients will be commenced on carvedilol once haemostasis achieved unless contraindicated, which will be continued long term.
If contraindicated/intolerant, ongoing banding will be provided where possible taking into account the risk benefit ratio.

Patients who are already in a banding programme who have undergone band ligation in the last 6 months should be advised to commence a NSBB unless already on (and contraindicated).

The preferred NSBB is carvedilol but propranolol is a suitable alternative. Therapeutic doses being:

- carvedilol 12.5 mg per day
- propranolol 40mg bd, dose titrated to maximum tolerated or once HR 50-55 (maximum 320mg per day

If a patient reports mild side effects of NSBB they should be encouraged to continue the medication because of the risk benefit ratio.
Fatigue/lethargy and mild postural symptoms for example will often wear off in a few weeks.

References:

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