



Consensus guidance for the care of liver patients during COVID
Updated guidance May 2020
The National Clinical Programme in Gastroenterology and Hepatology

1.0 Background

To help guide Gastroenterology and Hepatology services across the country during the COVID-19 outbreak, the National Clinical Programme in Gastroenterology and Hepatology has prepared specific information and advice. This updated document provides consensus recommendations from Hepatologists in Ireland for patients and healthcare professionals. In as much as is possible we have linked to the most recent national guidance documents. Please check the HSE Repository for Interim Clinical Guidance intended for the Clinical Community for the latest version of this and all clinical guidance <https://hse.drsteevenslibrary.ie/Covid19V2>. This document was compiled by the Liver Working Group under the auspices of the National Clinical Programme for Gastroenterology and Hepatology and it has been endorsed by the Irish Society of Gastroenterology.

This document is an update to the consensus document for the care of liver patients of March 2020. Strict public health measures have resulted in lower numbers of confirmed cases of COVID 19 than expected. As a result there have been fewer hospital admissions and fewer deaths. Initial measures to limit liver care to emergencies only must now be reassessed. Capacity within the public hospitals and the temporary acquisition of private hospitals may allow hepatologists to expand their practice to include urgent, and in some instances, routine cases to prevent harm to the patients from what may be significant delays in diagnosis and treatment. This will also reduce the backlog when normal services resume. This partial relaxation of restrictions must take into account ongoing risk of SARS-CoV-2 virus infection in vulnerable individuals and the requirement for personal protective equipment (PPE) which may be in short supply.

2.0 Recommendations

2.1 Stable chronic liver disease, compensated cirrhosis and HCC

Unchanged from previous other than

1. Selected patients can be seen in clinic with appropriate social distancing or PPE. Immunosuppressed patients should continue enhanced social isolation for now.
2. Surveillance for HCC and varices should be postponed for now. These investigations can be prospectively booked from July 2020 on with the caveat that they may need to



be postponed further. Depending on local service utilization, these may be performed in the private hospitals if the service agreement is still in place.

3. Patients with haemochromatosis that are symptomatic or have a ferritin over 1000µg/l may be venesected with appropriate PPE. These patients may be suitable for treatment in the blood transfusion service or private hospitals.
4. Investigation of focal liver lesions and treatment of primary liver cancer should continue.
5. Liver fibrosis staging with transient elastography and liver biopsy should continue to be postponed for now. Liver biopsy for suspicious focal liver lesions should continue.

2.2 Acutely unwell patients with liver disease and decompensated cirrhosis

No change from March 2020 recommendations.