UAB Trauma & Acute CareSurgery

UAB TRAUMA & ACUTE CARE SURGERY GUIDELINE

Guideline for Hepatobiliary & Transplant Surgery Consultation in Severe Hepatic Injury

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1. Guideline Title

Guideline for Hepatobiliary & Transplant Surgery Consultation in Severe Hepatic Injury

2. Purpose

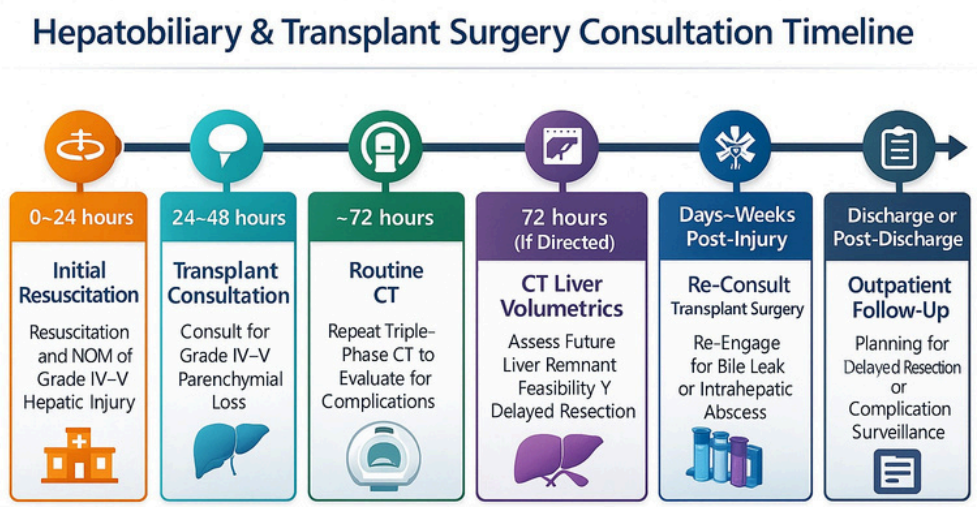
To standardize consultation and evaluation of hepatobiliary and transplant surgery for patients with severe hepatic injury (Grade IV–V) who meet any of the following:

1. Managed initially with non-operative management (NOM) and may benefit from hepatic resection during the index hospitalization
2. Require outpatient follow-up for potential delayed hepatic resection
3. Develop bile leak and/or intrahepatic abscess after severe hepatic injury
4. Have incidentally discovered hepatic or biliary malignancy*

3.Population

- Blunt or penetrating hepatic injury, Grade IV or V
- Initially managed with NOM
- Potential operative candidates (no prohibitive comorbidities)

4. Guideline Overview / Algorithm



Primary Team Responsibilities Prior to Consultation

A.Past Medical & Surgical History

- Prior abdominal surgery
- History of:
  - Cirrhosis
  - Portal hypertension
  - Liver malignancy

B.Laboratory Evaluation

- Complete Liver Function Tests:
  - AST, ALT, Alk Phos, Total & Direct Bilirubin
- Coagulation profile (INR)

C.Infectious Disease History

- Hepatitis C status
- Other known chronic viral hepatitis

D.Substance Use History

- Alcohol use history
  - Chronic use
  - Known alcohol use disorder if present

Initial Consultation

- Consult Hepatobiliary / Transplant Surgery at 24–48 hours after injury
  - Determine need for future hepatic volumetrics
- Service: Hepatobiliary / Transplant Surgery
- Primary Contact: Dr. Saulat Sheikh

- Method: Vocera

Imaging & Volumetric Assessment Pathway

1. Routine interval CT at approximately 72 hours post-injury
2. If directed by transplant surgery:

o Obtain hepatic volumetrics

o Order as:

3. “CT Liver – Transplant Protocol”

o Volumetrics used to assess:

o Future liver remnant

Feasibility of delayed hepatic resection

Indications for Re-Consultation or Continued Transplant Surgery Involvement

- Intrahepatic abscess
- Bile leak
- Incidentally discovered hepatic or biliary malignancy*