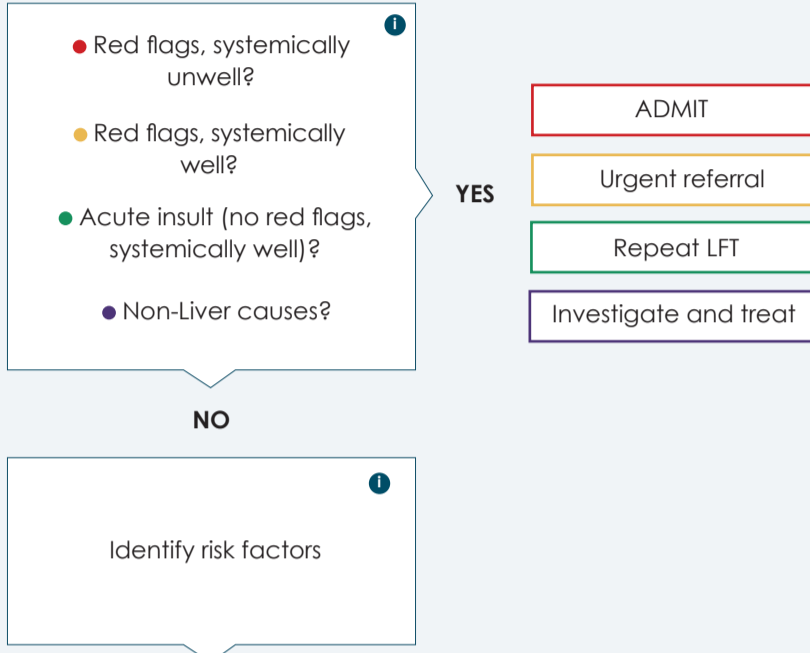


STEP 1 INFORMATION:
Why are the LFTs abnormal?

All-Wales Abnormal Liver Blood Test Pathway

STEP 1: Why are the LFTs abnormal?



STEP 2: Further investigations

1 Clinical pattern recognition

Cholestatic or hepatitic liver disease?

- Cholestatic liver diseases have an ALP result which is more abnormal than the ALT.
- Hepatitic liver diseases have an ALT result which is more abnormal than the ALP.

Understanding the pattern of abnormality will guide the next steps of investigation

Find out more here



1 Liver aetiology screen:

A standard liver aetiology screen should include:

- Hepatitis B surface antigen
- Hepatitis C antibody
- Liver autoantibodies (AMA, SMA, ANA)
- Serum ferritin and transferrin saturation
- Serum immunoglobulins
- Abdominal ultrasound scan (USS)

Find out more here



1 Fibrosis Risk Assessment

The FRA used is down to local preference, but examples include:

- NAFLD fibrosis score
- Fib-4 score
- AST:ALT ratio

In Wales, reflex Fibrosis Risk Assessments (rFRA) are automated on repeat Liver blood tests.

Find out more here



1 No clear diagnosis, ongoing clinical concern, or strong family history?

A referral to Hepatology is still recommended, even if the further investigations are all normal.

Find out more here



1 Identify risk factors

- Alcohol
- Weight gain, diabetes or hypertension,
- Family history of liver disease
- Blood borne virus (IVDU, MSM)

Find out more here



STEP 3: Follow-up plan

1 Refer to Hepatology

- Include in your referral:**
- Risk factors (BMI, alcohol history, medication history, risk of blood borne viruses)
 - Imagery results
 - Liver aetiology screen results

Find out more here



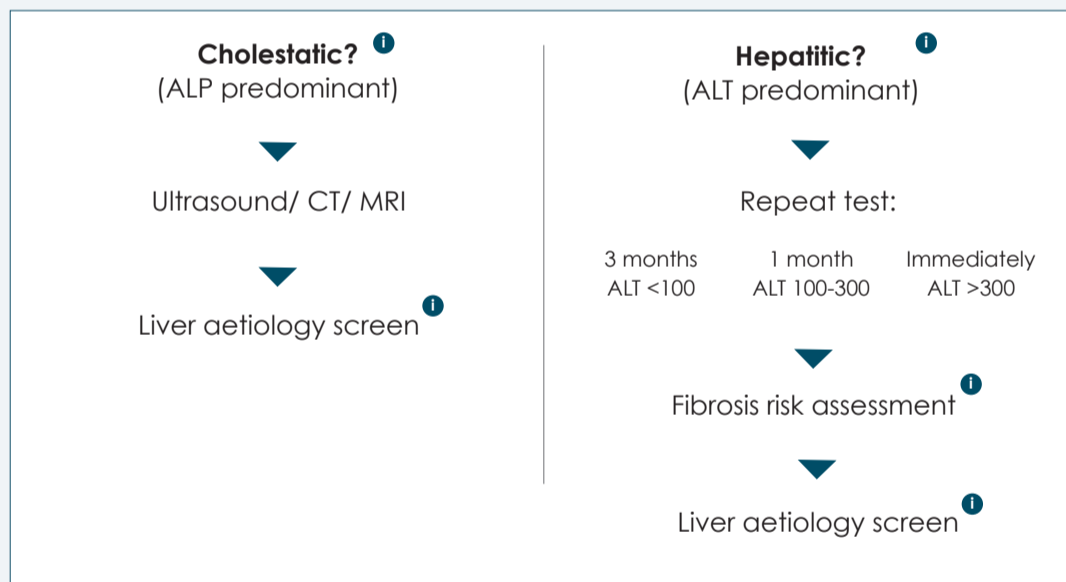
1 Manage in primary care

- Alcohol cessation
- Weight loss
- Cardiovascular and diabetes risk prevention
- Consider reassessment in 4 years

Find out more here



STEP 2: Further investigations



All normal?

NO

YES

No clear diagnosis?
Ongoing clinical concern?
Strong family history?

YES

NO

STEP 3: Follow-up plan

