**Vancouver Acute**

**Liver Transplant Intracardiac Thrombosis (ICT) Protocol**

Expect higher transfusion requirements and changes to ROTEM after tPA

Unstable hemodynamics:

Vasopressor/inotropic support prn

tPA 0.5-2 mg IV via central line q5 mins until clot dissolves and hemodynamics improve

Prepare for massive transfusion

Mobilize ECMO/CPB resources

Call cardiac surgery, perfusion, ICU

ICT size considerations:

* <1 cm2 or strand and stable – monitor
* >1 cm2 or propagating – begin treatment algorithm

ICT diagnosed – consider:

* Remove PAC
* Stop TXA

Hemodynamic collapse:

tPA 1-4 mg IV q5 mins

Initiate ECMO/CPB

Stable hemodynamics:

Intravenous heparin 3000-5000 U IV bolus - target aPTT 60s

ICT risk factors:

High MELD, intraoperative dialysis, TIPS, long warm ischemia time, high donor BMI, PA catheter use, massive transfusion, severe coagulopathy

Consider IV heparin before caval clamping

ICT suspected:

Insert TEE and visualize ICT

Call cardiac TEE person if available

Flowchart adapted from:

1. Dalia et al. Intraoperative diagnosis of intracardiac thrombus during orthotopic liver transplantation with transesophageal echocardiography: a case series and literature review. *Seminars in Cardiothoracic and Vascular Anesthesia.*2017; 21(3): 245-51.

2. Protin et al. Emergence management of intracardiac thrombosis during liver transplantation. *Case Reports in Transplantation.* 2016.