

Appendix 3. General investigations to be completed before patients are referred for assessment.

INVESTIGATION	WHY IS THE TEST REQUIRED?
Chest X-ray	Normal/Cardiomegaly/Pulmonary hypertension/Effusion/Metastases (in HCC patients)
ECG	Normal/Ischaemic changes/Right or left ventricular enlargement/Right heart strain/Conduction block and rhythm disturbance. A prolonged QTc is often seen in cirrhosis.
Echocardiogram	Echocardiogram is mandated in patients in whom TIPSS is being considered. Note signs of diastolic and valvular dysfunction. Systolic function is often over-exaggerated by the hyperdynamic circulation.
Oxygen Saturation	Low oxygen saturation can be a feature of hepatopulmonary and/or porto-pulmonary syndromes or may indicate parenchymal lung disease.
Analysis of Ascites	All patients with ascites should have analysis for protein levels, SAAG gradient, cell counts and differential, cytology and culture (including Tb in at risk patients) and antibiotic prophylaxis offered if indicated.
Endoscopy	All PSC referrals should have had a recent colonoscopy if safe. All referrals should have had a gastroscopy for varices assessment and consideration of prophylaxis
Nutritional Assessment	Malnutrition and sarcopenia are commonplace in end-stage liver failure. All patients should be assessed by dieticians for an assessment of their nutritional state
Assessment of the performance status	Some patients are unfit for transplantation and need extensive pre-conditioning work-up to improve their peri-operative morbidity
Up to date blood tests and UKELD	Patients are stratified on the waiting lists according to their UKELD score so up to date blood work allows for prioritisation [https://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/calculators/]
Adherence/Addiction	Any concerns with regard to adherence, clinic attendance and/or engagement should be highlighted at an early stage. See above