

Abnormal Liver Function Tests discovered preoperatively

Question - In the perioperative setting, what is the appropriate investigation of 'isolated' raised LFTs? Should surgery be deferred? Should patient be sent to GP or gastroenterologist to follow up?

Common causes of abnormal LFTs:- Alcohol (inc. ASH), drugs, obstruction, NASH (non-alcoholic steatohepatitis), malignancy, Hep B or C, and 'everything else'. It is reasonable for the clinic Doctor to take a history (Symptoms, Drugs, EtOH), and order an ultrasound to rule out obstruction & malignancy, all of which may change perioperative management. NASH may be 'diagnosed' on USS, although probably won't change perioperative management. Viral studies are appropriate and reasonably quick, and are of interest to perioperative staff. (If there is no time, it may be appropriate to have a high index of suspicion that the patient may have Hep C and consider appropriate 'extra' precautions.

After these tests, investigation can be referred to the GP, and can generally wait till after surgery.