



GI-Abnormal LFT's

Cholestatic Pattern (alkaline phosphatase > AST/ALT)

Pre-Referral Considerations:

1. Elevated alkaline phosphatase suggests biliary disease but if LFT's otherwise normal can be related to bone disease
 - A. Repeat alkaline phosphatase. Refer if >2 times normal, or if bilirubin also elevated
 - B. If Alk phos elevated and LFT's normal check GGT
 - C. If elevated or if symptoms- do RUQ ultrasound
 - D. If no biliary dilation consider additional labs: ANA, antimitochondrial antibodies
 - E. Screen for alcohol (common cause of mild increase in alk phos)
 - F. Consider medication i.e. phenytoin

Red Flags:

1. Elevated bilirubin/overt jaundice/pruritus
2. Any patient with hx of Inflammatory Bowel Disease with Increase in LFT's needs referral (possible Primary Sclerosing Cholangitis)

Labs:

1. CBC, CMP, liver function panel
2. Consider GGT, PT,
3. Consider ANA, antimitochondrial Ab's
4. Isolated increase in bilirubin is often Gilbert's syndrome- fractionate and if all INDIRECT no further workup indicated

Imaging:

1. RUQ ultrasound
2. Consider: HIDA scan, CT abdomen with contrast

Comments:

1. Clinical Information / Past history/ active problem list:
 - A. Surgeries
 - B. Specific symptoms and signs related to condition
 - C. Medications- current, and prior (pertinent to diagnosis), allergies
 - D. Prior evaluations /treatment (by other specialists, health care systems, etc)
 - E. Pertinent family history
2. Symptoms- pain, weight loss, jaundice, etc.
3. List of providers (health care team)
4. Question to be answered
5. Consultation (Evaluate and Advise) vs Co-Mgmt (PCP & Specialist to share care)
- ❖ If uncomplicated choledocholithiasis- refer directly to general surgery



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- ❖ If questions about referral, urgency please call 231-728-1700 or direct physician contact information through affiniahealth.com or DocHalo

References:

http://www.uptodate.com/contents/approach-to-the-patient-with-abnormal-liver-biochemical-and-function-tests?source=search_result&search=elevated+alk+phos&selectedTitle=1%7E150

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3341633/>

<https://www.guideline.gov/content.aspx?id=38889>