

Clarify Evolving Data Around Antibiotics for Variceal Bleeds

There's growing debate about **whether to use prophylactic antibiotics after variceal hemorrhages in patients with cirrhosis**.

We know patients with liver disease and cirrhosis are at increased risk of portal hypertension and esophageal or gastric varices. These varices can burst...and lead to fatal bleeding, peritonitis, etc.

Guidelines advise antibiotic prophylaxis (ceftriaxone, etc) in all cases to decrease infection, rebleeding, and mortality risk. Regimens typically last 5 days...or shorter if bleeding and pressors are stopped.

Now evolving evidence is stirring questions about the benefits of antibiotics for variceal bleeding...since unnecessary antibiotics have risks (antimicrobial resistance, *C. difficile*, side effects, etc).

Note that current guidelines mostly point to data published before the 2010s...and cirrhosis care has changed and improved since then.

Share that a recent meta-analysis didn't show antibiotic prophylaxis lowers mortality or rebleeding risks. Even though infection risk was decreased, data quality was low...and benefits may be overestimated.

Plus some data suggest antibiotics offer little benefit in compensated cirrhosis (no past bleeding, ascites, encephalopathy, etc).

But don't jump to withholding antibiotic prophylaxis for variceal bleeds yet based on this recent evidence.

Clarify that we need stronger randomized controlled trials before reserving prophylaxis for select patients (decompensated cirrhosis, etc).

In the meantime, continue to routinely recommend ceftriaxone 1 gram IV Q24H first-line for any variceal hemorrhage.

Collaborate with ID colleagues to consider alternatives (quinolones, TMP/SMX, etc) if there is hypersensitivity, intolerance, or resistance to ceftriaxone...since evidence for other options is limited.

Work with your GI team to weigh limiting prophylaxis to a max of 2 or 3 days in certain cases, such as stable patients with compensated cirrhosis and well-controlled bleeding, etc.

Advocate for including clear order stop times. For example, ensure orders don't exceed 5 days or time of discharge (whichever is earlier). But some patients may need long-term prophylaxis (quinolones, etc).

Review indications and choices for long-term prophylaxis along with vasoactive meds for variceal hemorrhages (octreotide, terlipressin, etc) using our *Decompensated Chronic Liver Failure* chart.

Key References:

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