Table 1: Major Recent Paracentesis Studies Examining the Relationship Between INR or Platelet Count and Bleeding Risk

Study	Site of Care	Study Design	Type of Operators	# of Paracenteses	% US Guided	Routine Pre-Procedure Transfusion Protocol	INR in reported N of patients (%)	N of Platelet count <50,000 (%)	Incidence of Major Bleeding N (%)	INR or Platelet count as major bleeding predictor
Rowley[16] 2019	24% inpatients 76% outpatients	Retrospective observational	Radiologists	3116	100%	None given	INR > 2 in 437 (14%)	368 (12%)	6 (0.19%)	No statistical significance
De Pietri 2016	GI unit or Liver Transplant center	Prospective randomized control	“Expert Operator"	19 (of 60 procedures)	Not reported	100% vs TEG-guided (16.7%)	INR >1.8 in 28 (47%)	23 (38%)	1 (1.7%)	Not reported
Kurup[8] 2015	Dept of. Radiology	Retrospective observational	Staff, fellows or residents	304	100%	None given	Mean (SD) =1.6 ± 0.5	304 (100%)	3 (0.99%)	No statistical significance
De Gottardi[19] 2009	76% inpatients, 24% outpatients	Prospective observational	Multiple physicians	515	11.7%	Not reported	INR >2.5 in 64 (12.4%)	55 (10.7%)	5 (0.97%)	No statistical significance
Pache[6] 2005	Inpatient liver unit	Retrospective observational	Residents, hepatologists or radiologists	4729	Not reported	Occasionally given	Not reported	Not reported	9 (0.19%)	No statistical significance
Grabau[7] 2004	Outpatient GI clinic	Retrospective observational	GI endoscopy assistants	1100	<1%	None given	INR > 2 in 292 (27%)	598 (54%)	0 (0%)	Not reported

Key:

INR: International Normalized Ratio; GI: Gastroenterology; US: Ultrasound; SD: standard deviation.