

Cirrhosis

An information guide



Cirrhosis

What is cirrhosis?

Cirrhosis is the result of long term, continuous damage to the liver and may be due to many different causes.

The damage leads to scarring, known as fibrosis. Irregular bumps (nodules) replace the smooth liver tissue and the liver becomes harder. Together the scarring and the nodules are called cirrhosis.

Cirrhosis can take many years to develop and can do so without any noticeable symptoms until the damage to the liver is very serious.

The build up of scar tissue can interfere with the flow of blood to the liver and stop it from functioning properly.

Cirrhosis can lead to liver failure (liver failure is when the liver is so badly damaged that the body becomes poisoned by the chemicals and waste products which the liver is unable to deal with. It may cause multiple organ failure and lead to death).

Who is at risk?

Cirrhosis can affect people of all ages, regardless of whether they are male or female.

You are most at risk of having cirrhosis if you:

- Drink too much alcohol
- Have a long term chronic liver infection
- Have an inherited liver disease
- Have an immune system problem
- Are clinically overweight or obese and have a fatty liver

Symptoms

Many people do not know that they have cirrhosis of the liver. Many only find out during tests for an unrelated illness.

Early symptoms

- Generally unwell
- Loss of appetite
- Loss of weight and muscle wasting
- Feeling sick and vomiting
- Pain or discomfort in the liver area
- Small spider like blood capillaries on the skin above the waist
- Blotchy red palms
- Disturbed sleep pattern.

RED FLAG SYMPTOMS

If you have any of the following problems you are advised to seek medical help straight away, especially if you have recently been diagnosed with cirrhosis:

- Yellow eyes or skin (jaundice)
- Swollen tummy and legs (oedema/ascites)
- Fever with high temperature and shivering (infection)
- Tarry black stools or vomiting blood (internal bleeding)
- Memory loss, drowsiness and confusion (encephalopathy).

Diagnosis

It is not always easy to diagnose cirrhosis. Some of the tests which may be used are:-

- Blood tests
- Imaging tests such as ultrasound, CT or MRI scanning
- Liver biopsy.

What are the different stages of cirrhosis?

Cirrhosis is sometimes called end-stage liver disease. This simply means it comes after the other stages of liver damage which can include inflammation (hepatitis), fatty deposits (steatosis) and increased stiffness and mild scarring of the liver (fibrosis).

Many people with cirrhosis can feel quite well and live for many years. This is because the liver can function relatively well even when it is quite severely damaged.

Cirrhosis can be classified as compensated or decompensated. Compensated cirrhosis is where the liver is coping with the damage and maintaining its important functions. In decompensated liver disease the liver is not able to perform all its functions adequately.

People with decompensated liver cirrhosis often have serious symptoms and complications.

There are also systems used by doctors for grading cirrhosis according to its severity and the terms used may be the Child-Pugh score or MELD (model for end-stage liver disease).

Treatment

Treatment depends on the cause and stage of the cirrhosis. The aim of treatment is to stop the cirrhosis from getting worse, to reverse any damage (if this is possible) and to treat any disabling or life threatening complications.

Making lifestyle changes and cutting alcohol out of your diet may help. Many causes of liver disease can now be treated much more successfully than before, to stop or at least slow down any decline in the condition of your liver.

Another aspect of treatment is to deal with the complications of cirrhosis as early as possible. For this reason you will be asked to attend for an ultrasound scan and a special blood test every 6 months to identify and problems before you notice any symptoms. You may be given other drugs to reduce blood pressure, to prevent or treat infections and to help support your bodily functions.

Looking after yourself

In general it is best to aim for as near to a normal life as possible. However there are some points you may keep in mind:

- Take care of yourself by ensuring enough rest and exercise
- Eat sensibly, little and often could be better than large meals
- Take care with over the counter medications, avoid aspirin and ibuprofen
- If you feel depressed talk to your doctor
- Avoid salt or salty foods
- Do not have alcohol
- Try to avoid areas where you may be at an increased risk of catching infections such as colds and flu. If offered, ensure you have the flu vaccination.

Contact details

If you have any questions please contact the Gastroenterology Specialist Nurse Service. This service is provided by two registered nurses with specialist experience and who have qualifications in liver disease management.

Working hours 08:30am to 3:30pm, Monday to Friday

Please note we **do not** work on bank holidays

The Royal Oldham Hospital - 0161 656 1538

Mobile – 07805587375

You may leave a message on the office phone and your call will be answered as soon as possible, although this may not be on the same day.

This document was produced with thanks to the British Liver Trust (Registered Charity 298858) www.britishlivertrust.org.uk or phone the helpline 08006527330.

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For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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