

Patient information from BMJ

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Cirrhosis: what is it?

Cirrhosis is scarring of the liver caused by long-term liver damage. This scarring affects how well your liver works. There is no cure for cirrhosis but treatments can help to stop more damage.

What is cirrhosis?

The liver does many jobs, including helping with digestion and removing harmful toxins from your body.

Long-term liver damage can lead to scarring of the liver, called cirrhosis. The damage can't be reversed but treatments can often help stop it getting any worse. Some people's livers are so badly damaged that they need a liver transplant.

Any long-term condition or disease that affects the liver can cause cirrhosis. Some of the most common causes are:

- long-term viral hepatitis (either hepatitis B or hepatitis C)
- alcoholic liver disease, caused by drinking too much alcohol over many years
- non-alcoholic fatty-liver disease, or NAFLD. Obesity is a common cause of NAFLD
- non-alcoholic steatohepatitis, or NASH. This is a more serious type of NAFLD, where the liver becomes inflamed (swollen)
- some medicines and recreational drugs.

Less common inherited causes include:

- Wilson's disease, a condition where too much copper builds up in the body, causing liver damage
- cystic fibrosis, which can damage the lungs and other organs including the liver.

What are the symptoms?

Most people don't have any symptoms in the early stages of liver disease. Symptoms tend to develop later as the liver's various functions are affected. Symptoms of cirrhosis include:

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- swelling around the abdomen (tummy)
- yellowing of the skin and the whites of the eyes (jaundice)
- very itchy skin
- vomit that has a consistency (texture) like coffee grounds
- black stools
- muscle wasting
- unexpected weight loss
- bleeding and bruising more easily than you should. For example, you might have regular nosebleeds
- memory problems and confusion
- tiny red lines (small blood vessels) visible on the skin
- whitening of the fingernails.

If your doctor thinks you may have cirrhosis he or she will ask you about the symptoms listed above, and about:

- how much alcohol you drink
- any illnesses you have had in the past
- any medicines you are taking now and have taken for long periods in the past
- any vitamins or other supplements or herbal remedies you have taken for a long time.

Your doctor will also check you for physical signs that might suggest liver problems. For example, he or she will look for signs such as bruising, tiny red lines on your skin, or whitening of the fingernails.

You will also need a blood test. This can identify hepatitis as well as other things that can suggest liver problems.

What will happen?

If you are diagnosed with cirrhosis you might need more blood tests to check what has caused the problem and how severe it is. You will also need an **ultrasound scan** to check if your liver is swollen.

Another test you will need is called an **endoscopy**. This is where a small camera is guided down your throat to check for damage in the blood vessels in the oesophagus (the tube that leads from your mouth to your stomach). Damage to the oesophagus is a guide to how severe your cirrhosis is.

Your doctor will want to check how you are doing regularly. So you will need to have blood tests and an ultrasound scan every 6 to 12 months. You might also need to have another endoscopy every year or two.

Your doctor will advise you about things that can help reduce liver damage, such as avoiding alcohol, keeping your weight at a healthy level, getting enough exercise, and good nutrition.

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Your doctor will also advise you about **medicines to avoid**, including non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen.

You should also try to avoid taking paracetamol too often, and never take more than the dose recommended by your doctor. This will be lower than the normal recommended maximum daily dose.

Cirrhosis can be fatal. But this depends on how severe the problem is. People with the most severe disease can get worse very quickly. But most people with cirrhosis that is not too severe live for many years. For more information on treatments for cirrhosis see our leaflet *Cirrhosis: what treatments work?*

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