

Patient information from BMJ

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Cirrhosis: what treatments work?

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. Some people's liver damage is so severe that they need a liver transplant.

What treatments work?

Cirrhosis can't be cured. But if you have cirrhosis there are three main ways to try to keep your liver as healthy as possible:

- Treating the condition that has caused the liver damage (liver damage is usually caused by another condition: for example, hepatitis).
- Preventing further damage to your liver from other sources, such as alcohol or some medications.
- Preventing complications of cirrhosis that can cause serious health problems.

Treating the condition that has caused your liver damage

Many conditions can cause liver damage that can lead to cirrhosis. They include:

- hepatitis B and C
- alcoholic liver disease
- non-alcoholic fatty liver disease (NAFLD)

Less common inherited conditions include:

- haemochromatosis, where your body absorbs too much iron from the food you eat
- Wilson's disease, a condition where too much copper builds up in the body, causing liver damage
- cystic fibrosis, which may damage the lungs and other organs including the liver.

These conditions are treated in different ways. The important thing is that getting the right treatment can reduce any further damage to your liver.

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Preventing further damage to your liver

It's important to try to avoid things that can damage your liver. Things that can help include:

- not drinking alcohol. This is vital. People with cirrhosis should not drink alcohol at all. If you have a problem with stopping drinking, talk to your doctor
- avoiding medications that can cause liver damage. These include 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 less than the usual maximum daily dose
- keeping to a healthy weight
- eating a healthy, balanced diet. Malnutrition is common in people with cirrhosis
- taking regular exercise.

You should also make sure you are vaccinated against hepatitis A and B if you are at high risk of infection. You are at high risk of hepatitis if you:

- inject recreational drugs
- change sexual partners often
- are a man who has sex with men
- have close family members or a partner with hepatitis
- travel to countries where hepatitis is common
- are a healthcare worker.

Preventing complications

Cirrhosis can cause serious complications, so you will need to have some tests every six to 12 months. These tests can show if your cirrhosis has caused any complications. Your doctor will then be able to advise you about any extra treatment you might need.

These tests may include blood tests, scans, and an endoscopy. This is when a small camera is passed down your throat on a thin tube.

This test can spot blood vessels in your oesophagus (food pipe), which have become too wide and can sometimes bleed. These widened blood vessels are called **varices**. This problem is usually treated with medicines called beta blockers or with surgery.

Other complications of cirrhosis include:

Fluid collecting in your abdomen. This is called **ascites**. This can be treated by reducing your salt intake, and with medicines called diuretics, which help stop your body from retaining too much fluid. Sometimes it needs to be treated by draining fluid from the abdomen. This is called paracentesis.

Infections. If you have ascites the fluid can become infected. This is called **bacterial peritonitis**. If this happens you will need treatment with antibiotics. You will also need to take antibiotics for the rest of your life to stop the problem returning.

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Liver cancer. People with cirrhosis have an increased chance of getting liver cancer. Regular scans can help to detect the problem early, when it is easier to treat.

Toxins collecting in the brain. This is called **encephalopathy**. It happens when the liver is not clearing toxins from your blood properly. It can cause changes in behaviour as well as physical symptoms such as stomach problems. It can be treated with medicines, including antibiotics.

Liver transplant

If you have serious complications, or if your liver is failing, your doctor might refer you to a specialist who might recommend that you have a liver transplant.

This is a major operation. The surgeon removes your damaged liver and replaces it with a healthy one from a donor.

But you may have to wait a long time for a replacement liver, because there are usually more people who need livers than there are livers available. This sometimes means that people die while waiting for a suitable liver.

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