

The ABC of Living with Cirrhosis

This leaflet offers information about living with cirrhosis, knowing when to call for help and what you can do to get better and stay well. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What happens with cirrhosis?

Damage over time can cause scarring of the liver known as cirrhosis which makes the liver stiffer than normal. This can lead to high pressures in the liver (Portal Hypertension) which can cause serious symptoms discussed below.

Ascites (fluid in the abdomen): what you can do to help

- No added salt diet (avoid ready meals)
- Fluid restriction
- Record your weight each day and notice the trend.
- Take your medication (Spironolactone, Furosemide).

Get in touch early if your abdomen is getting bigger / if you think you need the fluid to be drained (Paracentesis). We will try to arrange for review with our specialty doctors in our Liver Day Unit (GALDU) to avoid the need for you to go to A&E

Abdominal pain and / or fever may be a sign of serious infection in the abdominal fluid known as Spontaneous Bacterial Peritonitis (SBP). Come to A&E for urgent review.

Bleeding

Low platelets and abnormal clotting are common in cirrhosis and can increase the risk of bruising and bleeding. Swollen vessels can develop in the oesophagus and stomach (varices) which can bleed spontaneously and sometimes cause massive bleeding.

- Call an ambulance if you start to vomit blood or notice bleeding from the back passage. If your faeces go black and sticky this is also a sign of bleeding which requires urgent review and management.
- If you are prescribed Propranolol or Carvedilol (to reduce the pressure and risk of bleeding) make sure you take it regularly. Your GP or liver doctor / nurse will titrate your dose to a target heart rate of 55-60 beats per minute, (BPM) if tolerated).

- Endoscopy “camera test” to monitor for varices and reduce the risk of sudden bleeding.

Confusion

The liver is responsible for removing toxins from the blood. If toxins build up in the gut a damaged liver may struggle to clear them and confusion or drowsiness known as Hepatic Encephalopathy (H.E.) can develop. This may present as sleep reversal or “brain fog” but can quickly progress to life threatening coma and requires urgent treatment. Make sure your family / carers understand this and get urgent help for you if you become less alert or disorientated.

Tips to help prevent H.E. (Hepatic Encephalopathy).

- Avoid becoming constipated or using medicines known to cause constipation (e.g. codeine and certain sedatives).
- Aim for two to three bowel motions every day.
- Medication such as lactulose or enemas may be required.
- Rifaximin (an antibiotic) may be required long term if you have had more than one episode of H.E. We can discuss “Shared Care” with your GP to arrange for an continuing prescription.

Jaundice

Yellowing of the skin and eyes is a sign that the liver is not working properly. Drinking lots of water will not help and might make things worse, so avoid delay and call us to arrange for urgent review.

There is no cure for cirrhosis but, with lifelong abstinence from alcohol and eating a healthy diet, there is lots of scope for your symptoms to improve. Due to an increased risk of liver cancer in people with cirrhosis we advise follow up every six months in our liver clinic, which includes blood tests and liver ultrasound.

In addition:

- Paracetamol up to three times a day, is the safest pain killer for people with cirrhosis.
- Avoid non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen because they increase the risk of bleeding from the gut.
- Ask us for help if you are craving alcohol or struggling to stay abstinent.
- Your local borough provides free and confidential drug and alcohol services which can make a real difference in supporting you to stay abstinent. Your liver nurse will be happy to provide their details and / or make a referral for you.

Ensure you take your medications and arrange review with your GP after discharge to ensure this.

Contact us

Call Sally the Liver CNS on 020 8725 0949 between 9.30 and 5pm if you have questions or need advice. Otherwise call 111.

Useful Contacts

The British Liver Trust www.britishlivertrust.org.uk

British Liver Trust nurse-led helpline 0800 652 7330

Alcoholics Anonymous: Helpline 0845 769 7555

Drinkline 0300 123 1110

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: GST_LWC_01 **Published:** November 2020 **Review date:** November 2022